

Department of Social Services
MO HealthNet Division

Fiscal Year 2010 Budget Request

Ronald J. Levy, Director

Printed with Governor's Recommendations

Page No.	Dept Rank	Decision Item Name	Department Request					Governor's Recommendation				
			FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
		MO HealthNet										
		Administration										
172	1	Core	263.11	4,665,216	9,519,985	2,107,079	16,292,280	259.11	4,553,686	9,408,456	2,107,079	16,069,221
	3	General Structure Adjustment						0.00	114,341	145,280	48,723	308,344
184	27	Program Integrity Initiatives	4.00	158,019	158,019	0	316,038	4.00	158,019	158,019	0	316,038
190	47	SL Regional Care Coordination/ED Diversi	0.00	200,000	200,000	0	400,000	0.00	0	0	0	0
		Total	267.11	5,023,235	9,878,004	2,107,079	17,008,318	263.11	4,826,046	9,711,755	2,155,802	16,693,603
		Health Care Technology										
196	1	Core	0.00	0	2,500,000	3,000,000	5,500,000	0.00	0	2,500,000	3,000,000	5,500,000
7	8	Replace Health Care Technology	0.00	2,500,000	0	0	2,500,000	0.00	0	0	0	0
		Total	0.00	2,500,000	2,500,000	3,000,000	8,000,000	0.00	0	2,500,000	3,000,000	5,500,000
		Clinical Services Program Management										
205	1	Core	0.00	2,301,123	7,965,288	5,085,805	15,352,216	0.00	551,123	7,965,288	5,085,805	13,602,216
7	8	Replace Health Care Technology	0.00	2,487,500	0	0	2,487,500	0.00	2,187,500	0	0	2,187,500
213	44	Enhanced Inpatient Hospital Pre-Cert	0.00	1,550,000	1,550,000	0	3,100,000	0.00	0	0	0	0
218	999	Clinical Services Enhanced Match	0.00	0	0	0	0	0.00	0	1,750,000	0	1,750,000
		Total	0.00	6,338,623	9,515,288	5,085,805	20,939,716	0.00	2,738,623	9,715,288	5,085,805	17,539,716
		Women & Minority Health Care Outreach										
224	1	Core	0.00	546,125	568,625	0	1,114,750	0.00	546,125	568,625	0	1,114,750
		Total	0.00	546,125	568,625	0	1,114,750	0.00	546,125	568,625	0	1,114,750
		Revenue Maximization Unit										
232	1	Core	4.00	0	100,133	100,133	200,266	4.00	0	100,133	100,133	200,266
	3	General Structure Adjustment						0.00	0	2,761	2,761	5,522
		Total	4.00	0	100,133	100,133	200,266	4.00	0	102,894	102,894	205,788
		TPL Contracts										
239	1	Core	0.00	0	3,000,000	3,000,000	6,000,000	0.00	0	1,500,000	1,500,000	3,000,000
		Total	0.00	0	3,000,000	3,000,000	6,000,000	0.00	0	1,500,000	1,500,000	3,000,000
		Information Systems										
249	1	Core	0.00	5,854,917	53,589,250	5,296,733	64,740,900	0.00	5,565,516	53,299,849	5,296,733	64,162,098
		Total	0.00	5,854,917	53,589,250	5,296,733	64,740,900	0.00	5,565,516	53,299,849	5,296,733	64,162,098
		MC Enrollment Broker										
259	1	Core	0.00	0	0	0	0	0.00	0	0	0	0
		Total	0.00	0	0	0	0	0.00	0	0	0	0
		MHN Participant Case Mngment										
266	1	Core	0.00	13,522,716	16,707,038	0	30,229,754	0.00	0	0	0	0
57	18	FMAP	0.00	3,184,322	0	0	3,184,322	0.00	0	0	0	0
		Total	0.00	16,707,038	16,707,038	0	33,414,076	0.00	0	0	0	0

Page No.	Dept Rank	Decision Item Name	Department Request					Governor's Recommendation				
			FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
		Pharmacy										
277	1	Core	0.00	162,306,982	522,218,176	109,934,243	794,459,401	0.00	158,835,157	522,218,176	134,908,894	815,962,227
288	7	Replace Life Science Trust	0.00	28,725,000	0	0	28,725,000	0.00	3,750,349	0	0	3,750,349
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	8,658,682	15,207,584	0	23,866,266	0.00	8,548,896	15,317,370	0	23,866,266
46	11	Pharmacy PMPM Increase	0.00	10,342,465	43,104,901	14,200,000	67,647,366	0.00	10,031,287	43,416,079	14,200,000	67,647,366
57	18	FMAP	0.00	0	3,170,853	0	3,170,853	0.00	0	6,642,678	0	6,642,678
76	26	Smoking Cessation	0.00	4,248,297	7,461,453	0	11,709,750	0.00	0	0	0	0
293	48	Pharmacy Reimbursement Allowance	0.00	0	19,156,526	10,907,074	30,063,600	0.00	0	19,156,526	10,907,074	30,063,600
141	999	Coverage Expansion MAF						0.00	6,230,162	11,162,809	0	17,392,971
155	999	Coverage Expansion Children						0.00	932,593	1,670,960	0	2,603,553
		Total	0.00	214,281,426	610,319,493	135,041,317	959,642,236	0.00	188,328,444	619,584,598	160,015,968	967,929,010
		Pharmacy - Medicare Part D Clawback										
299	1	Core	0.00	175,000,000	1	0	175,000,001	0.00	175,000,000	1	0	175,000,001
305	17	Clawback Increase	0.00	8,297,222	0	0	8,297,222	0.00	13,997,035	0	0	13,997,035
		Total	0.00	183,297,222	1	0	183,297,223	0.00	188,997,035	1	0	188,997,036
		Missouri RX Plan										
311	1	Core	0.00	0	0	19,602,166	19,602,166	0.00	0	0	19,602,166	19,602,166
		Total	0.00	0	0	19,602,166	19,602,166	0.00	0	0	19,602,166	19,602,166
		Physician										
319	1	Core	0.00	165,211,726	315,391,448	4,194,685	484,797,859	0.00	163,070,394	315,391,448	4,194,685	482,656,527
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	3,495,044	6,138,485	0	9,633,529	0.00	3,450,730	6,182,799	0	9,633,529
57	18	FMAP	0.00	0	3,957,148	0	3,957,148	0.00	0	6,098,480	0	6,098,480
76	26	Smoking Cessation	0.00	3,333,443	5,854,657	0	9,188,100	0.00	0	0	0	0
131	42	Physicians-Related Services Rate Increase	0.00	7,954,522	13,970,841	0	21,925,363	0.00	0	0	0	0
141	999	Coverage Expansion MAF						0.00	4,415,912	7,912,151	0	12,328,063
155	999	Coverage Expansion Children						0.00	1,091,996	1,956,568	0	3,048,564
		Total	0.00	179,994,735	345,312,579	4,194,685	529,501,999	0.00	172,029,032	337,541,446	4,194,685	513,765,163
		Dental										
334	1	Core	0.00	3,842,775	8,332,660	919,935	13,095,370	0.00	3,782,388	8,332,660	919,935	13,034,983
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	29,152	51,200	0	80,352	0.00	28,782	51,570	0	80,352
57	18	FMAP	0.00	0	106,616	0	106,616	0.00	0	167,003	0	167,003
99	38	Dental Rate Increase	0.00	1,994,761	3,503,479	0	5,498,240	0.00	0	0	0	0
131	42	Physicians-Related Services Rate Increase	0.00	139,235	244,543	0	383,778	0.00	0	0	0	0
141	999	Coverage Expansion MAF						0.00	23,193	41,555	0	64,748
155	999	Coverage Expansion Children						0.00	58,756	105,276	0	164,032
		Total	0.00	6,005,923	12,238,498	919,935	19,164,356	0.00	3,893,119	8,698,064	919,935	13,511,118
		Premium Payments										
344	1	Core	0.00	52,311,225	94,501,846	0	146,813,071	0.00	51,647,962	94,501,846	0	146,149,808
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	1,968,982	3,458,200	0	5,427,182	0.00	1,944,017	3,483,165	0	5,427,182
352	13	Medicare Premium Increase	0.00	1,461,051	2,583,723	0	4,044,774	0.00	1,436,403	2,608,371	0	4,044,774
57	18	FMAP	0.00	0	1,349,481	0	1,349,481	0.00	0	2,012,744	0	2,012,744
141	999	Coverage Expansion MAF						0.00	51,024	91,422	0	142,446
		Total	0.00	55,741,258	101,893,250	0	157,634,508	0.00	55,079,406	102,697,548	0	157,776,954

Page No.	Dept Rank	Decision Item Name	Department Request					Governor's Recommendation				
			FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
Nursing Facilities												
358	1	Core	0.00	158,465,176	381,310,841	61,127,432	600,903,449	0.00	155,673,789	381,310,841	61,127,432	598,112,062
57	18	FMAP	0.00	0	4,270,459	0	4,270,459	0.00	0	7,061,846	0	7,061,846
141	999	Coverage Expansion MAF						0.00	18,554	33,245	0	51,799
		Total	0.00	158,465,176	385,581,300	61,127,432	605,173,908	0.00	155,692,343	388,405,932	61,127,432	605,225,707
Home Health												
367	1	Core	0.00	2,346,737	4,345,574	159,305	6,851,616	0.00	2,314,962	4,345,574	159,305	6,819,841
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	79,480	139,594	0	219,074	0.00	78,472	140,602	0	219,074
57	18	FMAP	0.00	0	55,886	0	55,886	0.00	0	87,661	0	87,661
141	999	Coverage Expansion MAF						0.00	23,193	41,555	0	64,748
		Total	0.00	2,426,217	4,541,054	159,305	7,126,576	0.00	2,416,627	4,615,392	159,305	7,191,324
PACE												
375	1	Core	0.00	1,919,832	3,365,765	0	5,285,597	0.00	1,894,856	3,365,765	0	5,260,621
382	16	PACE Rebase	0.00	361,095	634,205	0	995,300	0.00	356,516	638,784	0	995,300
57	18	FMAP	0.00	0	43,929	0	43,929	0.00	0	68,905	0	68,905
		Total	0.00	2,280,927	4,043,899	0	6,324,826	0.00	2,251,372	4,073,454	0	6,324,826
NF Electronic Pilot Project												
388	1	Core	0.00	0	0	0	0	0.00	0	0	0	0
		Total	0.00	0	0	0	0	0.00	0	0	0	0
Rehab & Specialty Services												
397	1	Core	0.00	75,680,122	130,741,565	1,026,626	207,448,313	0.00	74,745,648	130,741,565	1,026,626	206,513,839
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	1,806,568	3,172,947	0	4,979,515	0.00	1,783,662	3,195,853	0	4,979,515
407	14	Hospice Rate Increase	0.00	143,894	252,752	0	396,646	0.00	142,023	254,623	0	396,646
57	18	FMAP	0.00	0	1,006,535	0	1,006,535	0.00	0	1,941,009	0	1,941,009
82	36	Ambulance Rate Increase	0.00	1,487,460	2,612,486	0	4,099,946	0.00	0	0	0	0
91	37	Audiology Rate Increase	0.00	18,073	31,742	0	49,815	0.00	0	0	0	0
107	39	Durable Medical Equip Rate Increase	0.00	135,564	238,096	0	373,660	0.00	0	0	0	0
115	40	Optical Rate Increase	0.00	459,304	806,695	0	1,265,999	0.00	0	0	0	0
123	41	Therapies - Rehab Rate Increase	0.00	49,772	87,416	0	137,188	0.00	0	0	0	0
141	999	Coverage Expansion MAF						0.00	343,254	615,020	0	958,274
155	999	Coverage Expansion Children						0.00	85,139	152,546	0	237,685
		Total	0.00	79,780,757	138,950,234	1,026,626	219,757,617	0.00	77,099,726	136,900,616	1,026,626	215,026,968
NEMT												
414	1	Core	0.00	12,425,026	28,036,082	0	40,461,108	0.00	10,449,006	24,936,263	0	35,385,269
421	15	NEMT Rate Increase	0.00	963,209	1,691,723	0	2,654,932	0.00	950,997	1,703,935	0	2,654,932
57	18	FMAP	0.00	0	246,582	0	246,582	0.00	0	404,121	0	404,121
141	999	Coverage Expansion MAF						0.00	55,663	99,733	0	155,396
155	999	Coverage Expansion Children						0.00	17,438	31,244	0	48,682
		Total	0.00	13,388,235	29,974,387	0	43,362,622	0.00	11,473,104	27,175,296	0	38,648,400

Page No.	Dept Rank	Decision Item Name	Department Request					Governor's Recommendation				
			FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
Managed Care												
431	1	Core	0.00	211,285,617	630,579,911	130,130,625	971,996,153	0.00	206,166,764	630,579,911	117,513,787	954,260,462
1	6	MC Provider Tax GR Replacement	0.00	21,817,631	0	0	21,817,631	0.00	21,817,631	0	0	21,817,631
25	10	Managed Care Inflation	0.00	24,199,418	42,502,397	0	66,701,815	0.00	23,892,590	42,809,225	0	66,701,815
57	18	FMAP	0.00	0	7,382,117	0	7,382,117	0.00	0	12,500,970	0	12,500,970
82	36	Ambulance Rate Increase	0.00	1,019,588	1,790,742	0	2,810,330	0.00	0	0	0	0
91	37	Audiology Rate Increase	0.00	23,293	40,911	0	64,204	0.00	0	0	0	0
99	38	Dental Rate Increase	0.00	2,699,127	4,740,583	0	7,439,710	0.00	0	0	0	0
107	39	Durable Medical Equip Rate Increase	0.00	167,247	293,743	0	460,990	0.00	0	0	0	0
115	40	Optical Rate Increase	0.00	339,638	596,521	0	936,159	0.00	0	0	0	0
123	41	Therapies - Rehab Rate Increase	0.00	75,895	133,297	0	209,192	0.00	0	0	0	0
131	42	Physicians-Related Services Rate Increase	0.00	5,921,512	10,400,186	0	16,321,698	0.00	0	0	0	0
141	999	Coverage Expansion MAF						0.00	2,993,409	53,415,328	26,818,636	83,227,373
155	999	Coverage Expansion Children						0.00	5,246,742	9,400,780	0	14,647,522
		Total	0.00	267,548,966	698,460,408	130,130,625	1,096,139,999	0.00	260,117,136	748,706,214	144,332,423	1,153,155,773
Hospital Care												
457	1	Core	0.00	21,750,054	462,931,336	247,988,825	732,670,215	0.00	18,789,677	462,931,336	247,988,825	729,709,838
467	5	Cost to Continue-Hospital	0.00	12,951,265	22,746,819	0	35,698,084	0.00	12,787,054	22,911,030	0	35,698,084
7	8	Replace Health Care Technology	0.00	200,000	0	0	200,000	0.00	0	0	0	0
14	9	PTD/QMB MO HealthNet Caseload Growth	0.00	9,455,634	16,607,305	0	26,062,939	0.00	9,335,745	16,727,194	0	26,062,939
57	18	FMAP	0.00	0	7,733,554	0	7,733,554	0.00	0	10,693,931	0	10,693,931
473	45	Quality Initiatives		0	688,176	391,824	1,080,000	0.00	0	0	0	0
479	46	Telemonitoring		400,000	400,000	0	800,000	0.00	0	0	0	0
141	999	Coverage Expansion MAF						0.00	0	18,359,181	10,246,586	28,605,767
155	999	Coverage Expansion Children						0.00	1,772,402	3,175,677	0	4,948,079
		Total	0.00	44,756,953	511,107,190	248,380,649	804,244,792	0.00	42,684,878	534,798,349	258,235,411	835,718,638
Tier 1 Safety Net Hospitals												
485	1	Core	0.00	0	8,000,000	0	8,000,000	0.00	0	8,000,000	0	8,000,000
		Total	0.00	0	8,000,000	0	8,000,000	0.00	0	8,000,000	0	8,000,000
FQHC Distribution												
492	1	Core	0.00	9,250,000	0	0	9,250,000	0.00	9,250,000	0	0	9,250,000
		Total	0.00	9,250,000	0	0	9,250,000	0.00	9,250,000	0	0	9,250,000
Rural Health Clinics												
500	1	Core	0.00	530,000	872,859	0	1,402,859	0.00	265,000	436,430	0	701,430
		Total	0.00	530,000	872,859	0	1,402,859	0.00	265,000	436,430	0	701,430
Federal Reimbursement Allowance												
507	1	Core	0.00	0	0	752,000,000	752,000,000	0.00	0	0	714,934,778	714,934,778
514	49	Federal Reimbursement Allowance		0	0	100,400,000	100,400,000		0	0	100,400,000	100,400,000
		Total	0.00	0	0	852,400,000	852,400,000	0.00	0	0	815,334,778	815,334,778
Women's Health Services												
521	1	Core	0.00	1,245,779	11,512,178	198,167	12,956,124	0.00	1,245,779	11,512,178	198,167	12,956,124
46	11	Pharmacy PMPM Increase	0.00	18,623	150,677	0	169,300	0.00	18,623	150,677	0	169,300
57	18	FMAP	0.00	0	170,662	0	170,662	0.00	0	170,662	0	170,662
82	36	Ambulance Rate Increase	0.00	84,662	148,695	0	233,357	0.00	0	0	0	0
131	42	Physicians-Related Services Rate Increase	0.00	123,405	998,455	0	1,121,860	0.00	0	0	0	0
		Total	0.00	1,472,469	12,980,667	198,167	14,651,303	0.00	1,264,402	11,833,517	198,167	13,296,086

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			FTE	GR	FF	OF	Total	FTE	GR	FF	OF	Total
S-CHIP												
532	1	Core	0.00	29,805,247	136,877,562	20,079,185	186,761,994	0.00	29,203,049	136,877,562	16,381,856	182,462,467
1	6	Replace MC Provider Tax GR Replacemen	0.00	513,619	0	0	513,619	0.00	513,619	0	0	513,619
25	10	Managed Care Inflation	0.00	1,296,057	3,806,531	0	5,102,588	0.00	1,279,219	3,823,369	0	5,102,588
46	11	Pharmacy PMPM Increase	0.00	715,513	2,101,469	0	2,816,982	0.00	706,217	2,110,765	0	2,816,982
57	18	FMAP	0.00	0	269,240	0	269,240	0.00	0	871,438	0	871,438
82	36	Ambulance Rate Increase	0.00	126,875	372,634	0	499,509	0.00	0	0	0	0
91	37	Audiology Rate Increase	0.00	3,541	10,401	0	13,942	0.00	0	0	0	0
99	38	Dental Rate Increase	0.00	421,164	1,236,961	0	1,658,125	0.00	0	0	0	0
107	39	Durable Medical Equip Rate Increase	0.00	26,328	77,326	0	103,654	0.00	0	0	0	0
115	40	Optical Rate Increase	0.00	44,146	129,658	0	173,804	0.00	0	0	0	0
123	41	Therapies - Rehab Rate Increase	0.00	12,614	37,047	0	49,661	0.00	0	0	0	0
131	42	Physicians -Related Services Rate Increas	0.00	773,788	2,272,622	0	3,046,410	0.00	0	0	0	0
155	999	Coverage Expansion Children						0.00	13,592,603	42,043,343	474,214	56,110,160
		Total	0.00	33,738,892	147,191,451	20,079,185	201,009,528	0.00	45,294,707	185,726,477	16,856,070	247,877,254
Nursing Facility FRA												
540	1	Core	0.00	0	0	213,840,231	213,840,231	0.00	0	0	213,840,231	213,840,231
		Total	0.00	0	0	213,840,231	213,840,231	0.00	0	0	213,840,231	213,840,231
DESE Services												
548	1	Core	0.00	69,954	33,299,954	0	33,369,908	0.00	69,954	33,299,954	0	33,369,908
		Total	0.00	69,954	33,299,954	0	33,369,908	0.00	69,954	33,299,954	0	33,369,908
State Medical												
557	1	Core	0.00	29,346,161	0	888,660	30,234,821	0.00	29,346,161	0	888,660	30,234,821
46	11	Pharmacy PMPM Increase	0.00	925,105	0	0	925,105	0.00	925,105	0	0	925,105
82	36	Ambulance Rate Increase	0.00	348,044	0	0	348,044	0.00	0	0	0	0
91	37	Audiology Rate Increase	0.00	2,199	0	0	2,199	0.00	0	0	0	0
99	38	Dental Rate Increase	0.00	147,300	0	0	147,300	0.00	0	0	0	0
107	39	Durable Medical Equip Rate Increase	0.00	13,143	0	0	13,143	0.00	0	0	0	0
115	40	Optical Rate Increase	0.00	101,100	0	0	101,100	0.00	0	0	0	0
123	41	Therapies - Rehab Rate Increase	0.00	918	0	0	918	0.00	0	0	0	0
131	42	Physicians-Related Services Rate Increase	0.00	1,731,014	0	0	1,731,014	0.00	0	0	0	0
		Total	0.00	32,614,984	0	888,660	33,503,644	0.00	30,271,266	0	888,660	31,159,926
MO HealthNet Supplemental Pool												
566	1	Core	0.00	0	24,107,486	11,590,598	35,698,084	0.00	0	24,107,486	11,590,598	35,698,084
		Total	0.00	0	24,107,486	11,590,598	35,698,084	0.00	0	24,107,486	11,590,598	35,698,084
Total MO HealthNet Core			267.11	1,139,682,510	2,890,375,563	1,592,270,433	5,622,328,506	263.11	1,102,966,996	2,868,231,347	1,562,365,695	5,533,564,038
Total MO HealthNet Division			271.11	1,322,614,032	3,164,733,048	1,718,169,331	6,205,516,411	267.11	1,260,153,861	3,253,999,185	1,725,463,689	6,239,616,735

NEW DECISION ITEM

RANK: 6

Department: Social Services

Division: MO HealthNet

DI Name: Managed Care Provider Tax GR Replacement

Budget Unit: 90551C, 90556C

DI#: 1886019

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	22,331,250			22,331,250
TRF				
Total	22,331,250			22,331,250

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	22,331,250			22,331,250
TRF				
Total	22,331,250			22,331,250

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

☐ New Legislation
☐ Federal Mandate
☒ GR Pick-Up
☐ Pay Plan

☐ New Program
☐ Program Expansion
☐ Space Request
☐ Other:

☐ Fund Switch
☐ Cost to Continue
☐ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI Synopsis: Funding is requested for General Revenue (GR) replacement of revenue that will be lost due to the sunset of the Managed Care Provider Tax.

The Managed Care Provider Tax sunsets on June 30, 2009 pursuant to Missouri statute (Section 208.437, RSMo).

State authority is: Section 208.437, RSMo. Federal authority is: Deficit Reduction Act (2005).

The Managed Care Provider Tax sunsets on June 30, 2009 pursuant to Missouri statute (Section 208.437, RSMo). Federal law allows the extension of the tax until September 30, 2009. This item assumes the General Assembly passes legislation authorizing the tax for three months in FY 2010. It provides nine months of funding to replace revenue that would have been generated by the tax for the remainder of the year.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Revenues from the Managed Care provider tax supporting managed care payments is \$29,775,000. This decision item requests 9 months of GR to replace lost revenues for the provider tax. The 9 months calculation assumes the General Assembly will reauthorize the tax through September 2009.

	Total	GR	Federal
Managed Care	21,817,631	21,817,631	0
S-CHIP	513,619	513,619	0
Total	\$22,331,250	\$22,331,250	\$0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	22,331,250		0				22,331,250		
Total PSD	22,331,250		0		0		22,331,250		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	22,331,250	0.0	0	0.0	0	0.0	22,331,250	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	22,331,250		0				22,331,250		
Total PSD	22,331,250		0		0		22,331,250		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	22,331,250	0.0	0	0.0	0	0.0	22,331,250	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Managed Care Participants		
SFY	Actual	Projection
2006	379,795	439,679
2007	349,391	371,895
2008	363,349	401,097
2009		366,982
2010		370,652
2011		374,359

Participants include MO HealthNet (Title XIX) and S-CHIP (Title XXI) participants.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Mgd Care Provider Tax Replacem - 1886019								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	513,619	0.00	513,619	0.00
TOTAL - PD	0	0.00	0	0.00	513,619	0.00	513,619	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$513,619	0.00	\$513,619	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$513,619	0.00	\$513,619	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Mgd Care Provider Tax Replacem - 1886019								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	21,817,631	0.00	21,817,631	0.00
TOTAL - PD	0	0.00	0	0.00	21,817,631	0.00	21,817,631	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$21,817,631	0.00	\$21,817,631	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$21,817,631	0.00	\$21,817,631	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

*REPLACE HEALTH CARE
TECHNOLOGY*

**NEW DECISION ITEM
RANK: 8**

Department: Social Services
Division: MO HealthNet
DI Name: Replace Health Care Technology

Budget Unit: 90516C, 90518C, 90552C
DI#: 1886013

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE	4,987,500			4,987,500
PSD	200,000			200,000
TRF				
Total	5,187,500			5,187,500
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE	2,187,500			2,187,500
PSD				
TRF				
Total	2,187,500			2,187,500
FTE				

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input checked="" type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other:		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: This funding is requested for the replacement of the Health Care Technology Funds.

This decision item requests GR funding to replace one-time Health Care Technology Fund (HCTF) in the following appropriations: Healthcare Technology, Clinical Services Management and Hospital. These appropriations include one-time HCTF budgeted for on-going programs and contract obligations.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Clinical Services Program Management:

CyberAccess/Drug Price Website	937,500
Business and Clinical Intelligence Tool	300,000
Electronic Prior Authorizations System/DME	1,250,000
Total	2,487,500

Hospital:

Telemonitoring	200,000
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Health Care Technology:

Electronic Hlth Record & PA for HCB Services	2,500,000
	5,187,500

	Total	GR	Federal
Clinical Services Program Mgmt	2,487,500	2,487,500	0
Hospital	200,000	200,000	0
Health Care Technology	2,500,000	2,500,000	0
Total	\$5,187,500	\$5,187,500	\$0

Governor's Recommendation:

Clinical Services Program Management:

CyberAccess/Drug Price Website	937,500
Electronic Prior Authorizations System/DME	1,250,000
	\$2,187,500

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

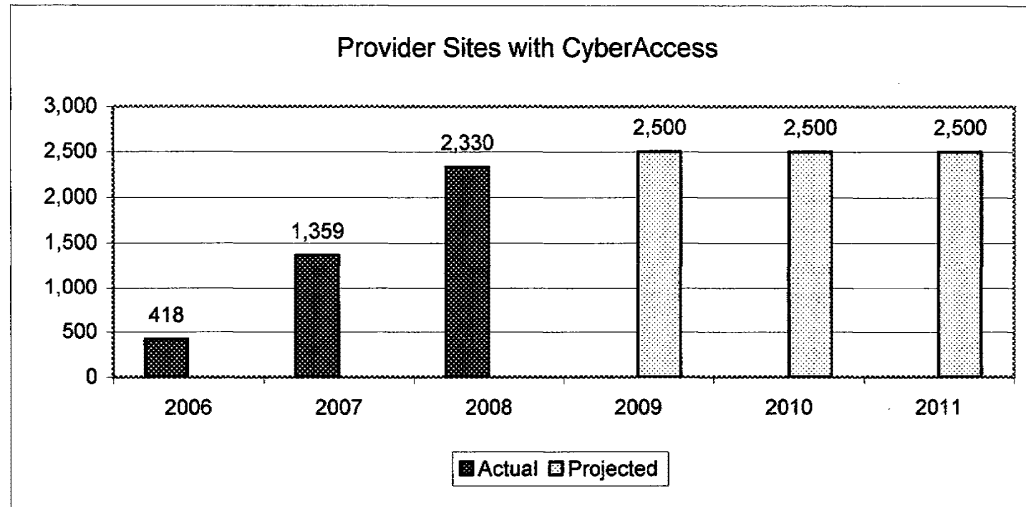
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	4,987,500						4,987,500		
Total EE	4,987,500		0		0		4,987,500		0
Program Distribution	200,000						200,000		
Total PSD	200,000		0		0		200,000		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	5,187,500	0.0	0	0.0	0	0.0	5,187,500	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	2,187,500						2,187,500		
Total EE	2,187,500		0		0		2,187,500		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	2,187,500	0.0	0	0.0	0	0.0	2,187,500	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.



6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
Replace Health Care Tech Fund - 1886013								
PROFESSIONAL SERVICES	0	0.00	0	0.00	2,487,500	0.00	2,187,500	0.00
TOTAL - EE	0	0.00	0	0.00	2,487,500	0.00	2,187,500	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,487,500	0.00	\$2,187,500	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,487,500	0.00	\$2,187,500	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HEALTHCARE TECHNOLOGY								
Replace Health Care Tech Fund - 1886013								
PROFESSIONAL SERVICES	0	0.00	0	0.00	2,500,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	2,500,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,500,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Replace Health Care Tech Fund - 1886013								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	200,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	200,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$200,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$200,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 9**

Department: Social Services
Division: MO HealthNet
DI Name: PTD/QMB MO HealthNet Caseload Growth

Budget Unit: 90541C, 90544C, 90546C, 90547C, 90564C, 90550C, 90552C
DI#: 1886033

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	25,493,542	44,775,315		70,268,857
TRF				
Total	<u>25,493,542</u>	<u>44,775,315</u>		<u>70,268,857</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	25,170,304	45,098,553		70,268,857
TRF				
Total	<u>25,170,304</u>	<u>45,098,553</u>		<u>70,268,857</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Growth with current eligibility guidelines	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: To provide for anticipated caseload increases in existing MO HealthNet Programs.

This funding is requested to provide for anticipated caseload changes of existing MO HealthNet programs. This does not include any expansion due to changes in any eligibility guidelines. Caseload increases are projected in the Permanent and Totally Disabled (PTD) and Qualified/Medicare Beneficiaries (PMB) populations. The Federal Authority is Social Security Act 1902(a)(10), 1903(w), 1905, 1915(d), 1915(b), 1923(a)-(f), 2100 and 1115 waiver; 42 CFR 406, 410, 412, 418, 431, 440, 441 subpart B and 434 subpart C. The State Authority is 208.151, 208.152, 208.153, 208.166, 167.600 thru 167.621, 191.831 RSMo.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Each eligible category is forecasted individually. The analysis utilized is listed below:

PTD - FFS Eligibles

- Number of eligibles is increased at 4.29% per year (estimated 6,317 new eligibles) based on historical trends.
- Costs per eligible per month are adjusted by program based on historical trends. Managed Care is excluded due to eligible category involved.
- Total costs for growth in this eligibility group are estimated at \$67.8 million.

QMB Only - FFS Eligibles

- Number of eligibles is increased at 11.39% per year (estimated 1,248 new eligibles) based on historical trends.
- Costs per eligible per month are adjusted by program based on historical trends. Managed Care is excluded due to eligible category involved.
- Total costs for growth in this eligibility group are estimated at \$2.4 million.

	Total	GR	Federal
Pharmacy	23,866,266	8,658,682	15,207,584
Physician	9,633,529	3,495,044	6,138,485
Dental	80,352	29,152	51,200
Premiums	5,427,182	1,968,982	3,458,200
Home Health	219,074	79,480	139,594
Rehab	4,979,515	1,806,568	3,172,947
Hospital	26,062,939	9,455,634	16,607,305
Total	\$70,268,857	\$25,493,542	\$44,775,315

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Federal
Pharmacy	23,866,266	8,548,896	15,317,370
Physician	9,633,529	3,450,730	6,182,799
Dental	80,352	28,782	51,570
Premiums	5,427,182	1,944,017	3,483,165
Home Health	219,074	78,472	140,602
Rehab	4,979,515	1,783,662	3,195,853
Hospital	26,062,939	9,335,745	16,727,194
Total	\$70,268,857	\$25,170,304	\$45,098,553

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	25,493,542		44,775,315		0		70,268,857		
Total PSD	25,493,542		44,775,315		0		70,268,857		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	25,493,542	0.0	44,775,315	0.0	0	0.0	70,268,857	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	25,170,304		45,098,553				70,268,857		
Total PSD	25,170,304		45,098,553		0		70,268,857		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	25,170,304	0.0	45,098,553	0.0	0	0.0	70,268,857	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

MO HealthNet Participants		
SFY	Actual	Projected
2006	894,220	
2007	825,899	
2008	829,577	830,028
2009		833,044
2010		836,626
2011		840,223

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	23,866,266	0.00	23,866,266	0.00
TOTAL - PD	0	0.00	0	0.00	23,866,266	0.00	23,866,266	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$23,866,266	0.00	\$23,866,266	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$8,658,682	0.00	\$8,548,896	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$15,207,584	0.00	\$15,317,370	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,633,529	0.00	9,633,529	0.00
TOTAL - PD	0	0.00	0	0.00	9,633,529	0.00	9,633,529	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,633,529	0.00	\$9,633,529	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,495,044	0.00	\$3,450,730	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,138,485	0.00	\$6,182,799	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	80,352	0.00	80,352	0.00
TOTAL - PD	0	0.00	0	0.00	80,352	0.00	80,352	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$80,352	0.00	\$80,352	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$29,152	0.00	\$28,782	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$51,200	0.00	\$51,570	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,427,182	0.00	5,427,182	0.00
TOTAL - PD	0	0.00	0	0.00	5,427,182	0.00	5,427,182	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,427,182	0.00	\$5,427,182	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,968,982	0.00	\$1,944,017	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,458,200	0.00	\$3,483,165	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	219,074	0.00	219,074	0.00
TOTAL - PD	0	0.00	0	0.00	219,074	0.00	219,074	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$219,074	0.00	\$219,074	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$79,480	0.00	\$78,472	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$139,594	0.00	\$140,602	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,979,515	0.00	4,979,515	0.00
TOTAL - PD	0	0.00	0	0.00	4,979,515	0.00	4,979,515	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,979,515	0.00	\$4,979,515	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,806,568	0.00	\$1,783,662	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,172,947	0.00	\$3,195,853	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	26,062,939	0.00	26,062,939	0.00
TOTAL - PD	0	0.00	0	0.00	26,062,939	0.00	26,062,939	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$26,062,939	0.00	\$26,062,939	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$9,455,634	0.00	\$9,335,745	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$16,607,305	0.00	\$16,727,194	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

NEW DECISION ITEM

RANK: 10

Department: Social Services
 Division: MO HealthNet
 DI Name: Managed Care Inflation

Budget Unit: 90551C, 90556C

DI#: 1886014

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	25,495,475	46,308,928		71,804,403
TRF				
Total	25,495,475	46,308,928		71,804,403
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	25,171,809	46,632,594		71,804,403
TRF				
Total	25,171,809	46,632,594		71,804,403
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding to apply on average a 7.5% pharmacy inflation increase (first quarter only) and a 7.6% non-pharmacy trend factor for both utilization and cost component increases for drugs and medical services. Funding is for the Eastern, Central, and Western regions for July 2009 through June 2010.

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is 208.166 RSMo. Final rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

An average pharmacy inflation increase (7.5%) and the non-pharmacy utilization and cost component increase (7.6%) were developed by the MO HealthNet Division's actuary. Both utilization and unit cost component increases were included as required by the CMS in developing actuarially sound rates. The pharmacy inflation increase is calculated using a weighted, blended average of the pharmacy component of the capitation rate for all health plans by region. The non-pharmacy utilization and cost component increase is calculated using a weighted, blended average of the capitation rate, less the pharmacy component, for all health plans by region. For FY10, the MO HealthNet Managed Care health plans will provide the pharmacy benefits only in the first quarter of the year. Beginning October 1, 2009, the pharmacy benefits will be carved out and participants will receive their pharmacy benefits through the fee-for-service program in quarters two through four. The numbers used in the column "participants" are based on full time equivalents. Full time equivalents approximate 96% of the Managed Care participants' count. The number of participants projected for the program assumes a 1% growth annually in FY09 and FY10. The cost to continue managed care trend factor need is calculated by region and is based on the number of months in the contract period that falls in FY 2010. The total cost is estimated at \$71,804,403 as follows:

Quarter	Program	Region	FY09	FY10	Difference	Participants	Contract Months in FY10	Total
1	Managed Care	Eastern-Medical	\$224.70	\$242.90	\$18.20	167,494	3	\$9,145,172
1	Managed Care	Eastern-Pharmacy	\$26.64	\$28.64	\$2.00	167,494	3	\$1,004,964
1	Managed Care	Central-Medical	\$224.76	\$240.94	\$16.18	51,537	3	\$2,501,606
1	Managed Care	Central-Pharmacy	\$32.52	\$34.96	\$2.44	51,537	3	\$377,251
1	Managed Care	Western-Medical	\$219.01	\$233.68	\$14.67	103,073	3	\$4,536,243
1	Managed Care	Western-Pharmacy	\$25.39	\$27.29	\$1.90	103,073	3	\$587,516
<i>subtotal Managed Care</i>								\$18,152,752
1	TIXXI SCHIP-Child	Eastern-Medical	\$154.68	\$167.05	\$12.37	15,850	3	\$588,194
1	TIXXI SCHIP-Child	Eastern-Pharmacy	\$33.58	\$36.10	\$2.52	15,850	3	\$119,826
1	TIXXI SCHIP-Child	Central-Medical	\$147.19	\$158.52	\$11.33	6,744	3	\$229,229
1	TIXXI SCHIP-Child	Central-Pharmacy	\$40.07	\$43.08	\$3.01	6,744	3	\$60,898
1	TIXXI SCHIP-Child	Western-Medical	\$159.29	\$171.08	\$11.79	11,128	3	\$393,597
1	TIXXI SCHIP-Child	Western-Pharmacy	\$31.42	\$33.75	\$2.33	11,128	3	\$77,785
<i>subtotal TIXXI SCHIP Children</i>								\$1,469,529
<i>Quarter 1 Need</i>								\$19,622,281
2 to 4	Managed Care	Eastern-Medical	\$224.70	\$242.90	\$18.20	167,494	9	\$27,435,517
2 to 4	Managed Care	Central-Medical	\$224.76	\$240.94	\$16.18	51,537	9	\$7,504,818
2 to 4	Managed Care	Western-Medical	\$219.01	\$233.68	\$14.67	103,073	9	\$13,608,728
<i>subtotal Managed Care</i>								\$48,549,063

Quarter	Program	Region	FY09	FY10	Difference	Participants	Contract Months in FY10	Total
2 to 4	TIXXI SCHIP-Child	Eastern-Medical	\$154.68	\$167.05	\$12.37	15,850	9	\$1,764,581
2 to 4	TIXXI SCHIP-Child	Central-Medical	\$147.19	\$158.52	\$11.33	6,744	9	\$687,686
2 to 4	TIXXI SCHIP-Child	Western-Medical	\$159.29	\$171.08	\$11.79	11,128	9	\$1,180,792
<i>subtotal TIXXI SCHIP Children</i>								<u>\$3,633,059</u>

Quarter 2-4 Need \$52,182,122

Total \$71,804,403

	Total	GR	Federal
Managed Care	66,701,815	24,199,418	42,502,397
S-CHIP	5,102,588	1,296,057	3,806,531
Total	<u>\$71,804,403</u>	<u>\$25,495,475</u>	<u>\$46,308,928</u>

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Federal
Managed Care	66,701,815	23,892,590	42,809,225
S-CHIP	5,102,588	1,279,219	3,823,369
Total	<u>\$71,804,403</u>	<u>\$25,171,809</u>	<u>\$46,632,594</u>

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE
Total PS	0	0.0	0	0.0	0	0.0	0	0.0
Total EE	0		0		0		0	
Program Distributions	25,495,475		46,308,928				71,804,403	
Total PSD	25,495,475		46,308,928		0		71,804,403	
Transfers								
Total TRF	0		0		0		0	
Grand Total	25,495,475	0.0	46,308,928	0.0	0	0.0	71,804,403	0.0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

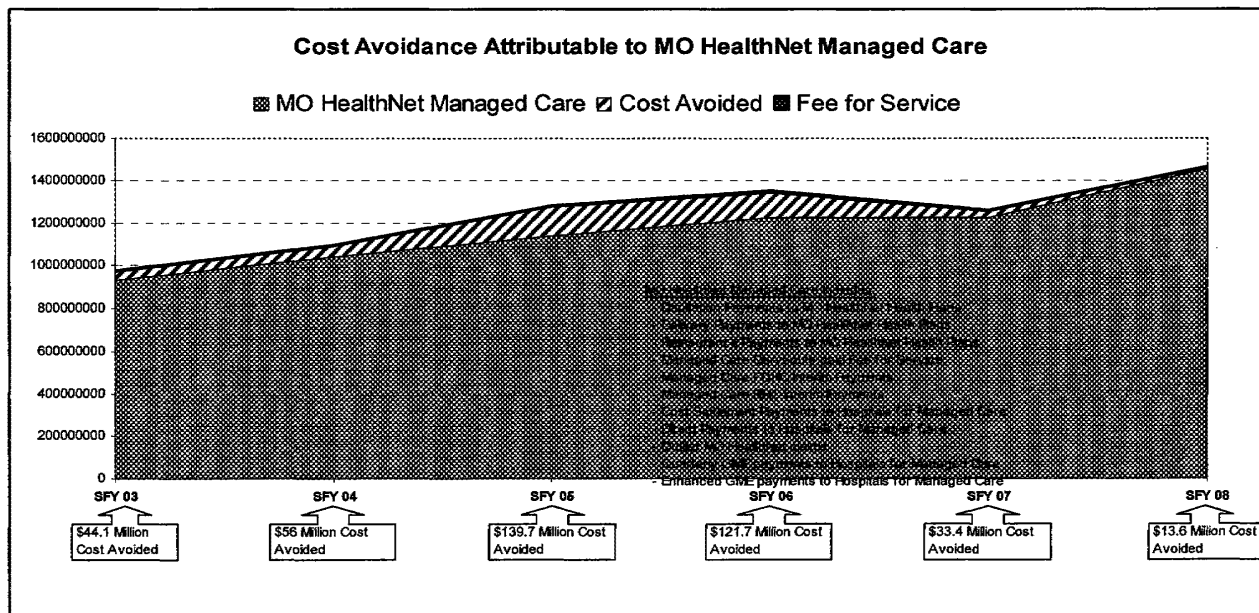
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE
Total PS	0	0.0	0	0.0	0	0.0	0	0.0
Total EE	0		0		0		0	
Program Distributions	25,171,809		46,632,594				71,804,403	
Total PSD	25,171,809		46,632,594		0		71,804,403	
Transfers								
Total TRF	0		0		0		0	
Grand Total	25,171,809	0.0	46,632,594	0.0	0	0.0	71,804,403	0.0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

See Attachment A - "Since Managed Care Began"

6b. Provide an efficiency measure.



6c. Provide the number of clients/individuals served, if applicable.

Managed Care Participants		
SFY	Actual	Projection
2006	379,795	439,679
2007	349,391	371,895
2008	363,349	401,097
2009		366,982
2010		370,652
2011		374,359

Participants include MO HealthNet (Title XIX) and S-CHIP (Title XXI) participants.

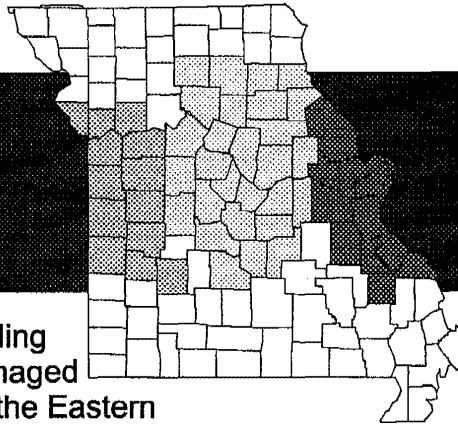
6d. Provide a customer satisfaction measure, if available.

See Attachment B - "2006 Consumer's Guide MC+ Managed Care in Missouri".

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust to provide outreach and enrollment.
- Purchase cost effective health insurance policies for MO HealthNet participants through the Health Insurance Premium Payment Program.
- Continue to work with community groups, local medical providers, health care associations, schools, etc. regarding access to MO HealthNet coverage.
- Continue to work with MO HealthNet Managed Care health plans to provide outreach and education to communities regarding access to MO HealthNet coverage.

MO HealthNet Managed Care



In 1995 Missouri began providing MO HealthNet (Medicaid) managed health care. It was started in the Eastern Region and now stretches through a corridor encompassing counties in central and western Missouri. During the course of its 13-year existence, managed health care has bettered the lives of its young participants.

Since
MO HealthNet
Managed
Care Began . . .

**Babies
are
healthier**

**Children
are
healthier**

**Number
of uninsured
decreased**

Inadequate Prenatal Care	8.4%
First Trimester Prenatal Care	6.8%
Teen Mothers	4.5%
Repeat Teen Births	3.3%
Smoking During Pregnancy	1.6%
Short Intervals Between Pregnancies	0.1%
Fetal Deaths	9.5%

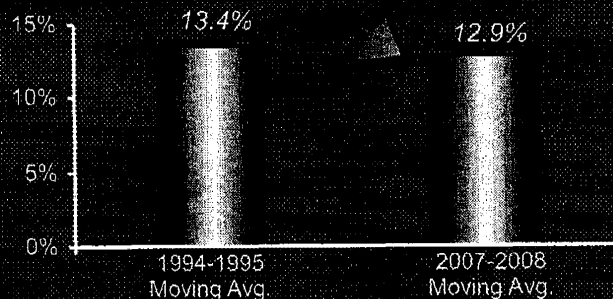
SOURCE: Department of Health & Senior Services*
Population: Managed Care

Asthma Hospital Admissions	35.6%
Preventable Hospitalizations	31.6%
Asthma ER Visits	28.4%
ER Visits	11.1%

SOURCE: Department of Health & Senior Services*
Population: Medicaid Managed Care

Uninsured Population in Missouri

Missouri moves from 27th
to 22nd lowest in the country.

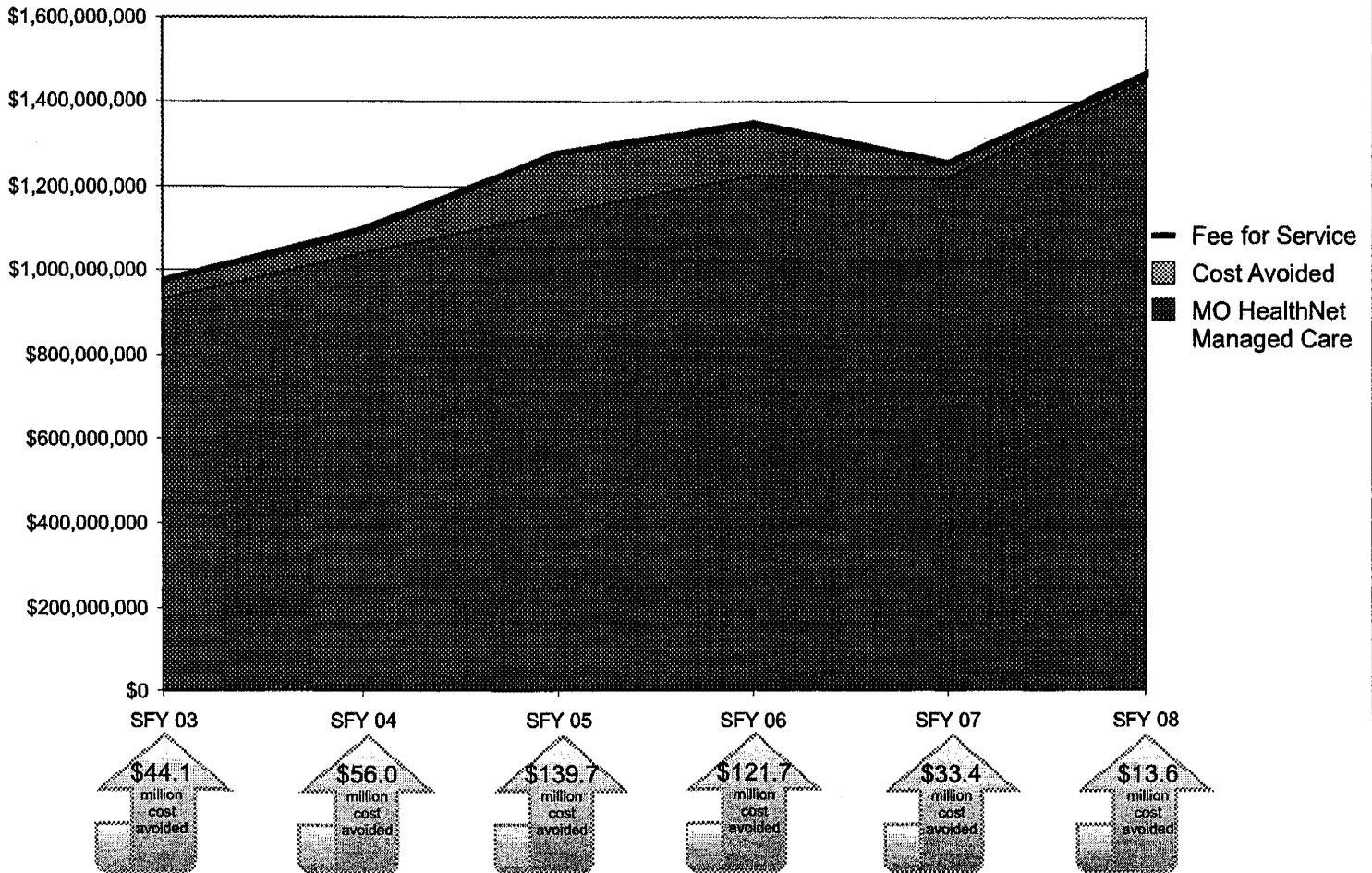


SOURCE: US Census Bureau
Population: All Missourians

ATTACHMENT A

Because health care for these participants was provided under managed care instead of fee for service, we estimate \$13.6 million in costs were avoided in 2008.

Cost Avoidance Attributable to MO HealthNet Managed Care



MO HealthNet Managed Care Includes:

- Capitation Payments to MO HealthNet Health Plans
- Delivery Payments to MO HealthNet Health Plans
- Reinsurance Payments to MO HealthNet Health Plans
- Managed Care Carveouts paid Fee for Service
- Managed Care FQHC Interim Payments
- Managed Care RHC Interim Payments
- Cost Settlement Payments to Hospitals for Managed Care
- Direct Payments to Hospitals for Managed Care
- Outlier MO HealthNet claims
- Quarterly GME payments to Hospitals for Managed Care
- Enhanced GME payments to Hospitals for Managed Care



2006 Consumer's Guide Commercial Managed Care

ATTACHMENT B



Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2006 Consumer's Guide helps you compare the quality of health care and member satisfaction among the commercial managed care plans in Missouri. Use this guide along with any coverage information your employer provides to help select the right plan for you or your family.

Follow these steps to assist you in choosing a health plan:

- ▲ Use the comparison indicators in this brochure only in combination. No one indicator is a sole direct measure of a health plan's performance.
- ▲ Talk to your doctor, family and friends about their experiences with different plans.
- ▲ Come up with your own questions and call your plan choices for answers using the phone numbers provided.
- ▲ Draw on all information to evaluate your managed care options. Make the choice that best suits your needs.

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Administrative Expense Rating and Complaint Index Rating

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Compares Managed Care Plan's performances on specific topics

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Cardiovascular	pg 6
Diabetes and Depression	pg 7
Member Satisfaction	pg 8
Care Symbols Explained	pg 9

Telephone Numbers for Managed Care Plans pg 10

Websites for More Information pg 11

What Do Managed Care Plans Look Like?

Plan Name	Statewide Market Share 2005	National Accreditation for 2005	Administrative Expense Rating† 2003-2005	Complaint Index Rating† 2003-2005
Aetna Health Inc	3.7%	NCOA/URAC	●	●
Blue-Advantage	6.2%	NCOA/URAC	●	●
Blue-Care Inc	9.2%	NCOA/URAC	●	●
BlueChoice	23.2%	NCOA	●	●
CIGNA HealthCare of St. Louis Inc	0.7%	NCOA	●	●
CIGNA of Kansas/Missouri	0.5%	NCOA	●	●
Community Health Plan	3.4%	none	●	●
Coventry Health Care of Kansas Inc	12.6%	URAC	●	○
Cox Health Plans Inc	1.1%	none	●	●
Group Health Plan	19.3%	URAC	●	○
HealthLink Inc	0.0%	URAC	●	●
Humana Health Plan Inc	3.7%	NCOA	●	●
Mercy Health Plans of Missouri Inc-SLL	9.5%	none	●	○
UnitedHealthCare of the Midwest Inc	7.0%	JCAHO	●	○

†This is a company-wide measure

● High ● Average ○ Low

Data Source: Missouri Department of Insurance

This shows the percentage of the State's managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

This measure, which indicates efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 10% are shown as high performance; those at 15% or more are rated as low performers.

The complaint index looks at the number of consumer complaints the Department of Insurance received in the past three years relative to the amount of business that a company wrote in Missouri and compares this to the industry average. Plans at less than 50% of industry average are shown as ● or good performers; more than 100% of industry average is considered ○ or needing improvement.

Commercial Managed Care Plan Performance

Plan

Women's Health

	Women's Cancer			Chlamydia Screening for Women Ages 16-25
	Mammograms	Case Management Breast (B) Cervical (C)	At-Risk Educational Materials Breast (B) Cervical (C)	
Aetna Health Inc	○	none	BC	●
Blue-Advantage	●	BC	BC	●
Blue-Care Inc	●	BC	BC	○
BlueChoice	●	BC	BC	●
CIGNA HealthCare of St. Louis Inc	●	BC	BC	●
CIGNA of Kansas/Missouri	○	BC	BC	●
Community Health Plan	●	BC	BC	●
Coventry Health Care of Kansas Inc	○	BC	BC	○
Cox Health Plans Inc	●	BC	BC	●
Group Health Plan	●	BC	B	●
HealthLink Inc	NA	BC	BC	NA
Humana Health Plan Inc	●	BC	BC	●
Mercy Health Plans of Missouri Inc-St. L.	●	none	none	●
Premier Health Plans-Springfield	●	BC	none	●
UnitedHealthcare of the Midwest*	●	BC	BC	○

Statewide Averages

71%

29%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Womens Health Care to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- - High
- - Average
- - Low/Needs Improvement
- NA - Numbers too small
- NR - Not reported by plan
- *Plan performance measures are compared to statewide averages

Women (ages 52-69) in plan who had a mammogram in the past 2 years.

Women (ages 21-64) in plan who had one or more pap test within the past three years.

Plan offers case management for breast and/or cervical cancer. Note: Letter indicates the type of cancer for which services are offered.

Female plan members (ages 16-25) who are sexually active and had at least one test for chlamydia (an STD) during the past year.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Children's Health

Aetna Health Inc
Blue-Advantage
Blue-Care Inc
BlueChoice
CIGNA HealthCare of St. Louis Inc
CIGNA of Kansas/Missouri
Community Health Plan
Coventry Health Care of Kansas Inc
Cox Health Plans Inc
Group Health Plan
HealthLink Inc
Humana Health Plan Inc
Mercy Health Plans of Missouri Inc-St. L
Premier Health Plans-Springfield
UnitedHealthcare of the Midwest*

Childhood Immunization	Adolescent Immunizations	Immunization Reminder Letters	Asthma
		yes	NA
	NR	yes	
		yes	
		yes	
		yes	NA
		yes	
		yes	NA
		no	NA
		yes	
NA	NA	no	NA
		no	
		yes	
		yes	
		yes	
75%	36%		97%

Statewide Averages

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Children's Health to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- High
- Average
- Low/Needs Improvement
- NA - Numbers too small
- NR - Not reported by plan
- *Plan performance measures are compared to statewide averages

Children in plan who turned 2 in the past year and received required vaccinations.

Adolescents in plan who turned 13 in the past year and received required vaccinations.

Plan sends member reminder letters for immunizations.

Child members (ages 5-9) who have persistent asthma and are being given appropriate medications for long term control of asthma.

Commercial Managed Care Plan Performance

Plan

Cardiovascular

Aetna Health Inc
 Blue-Advantage
 Blue-Care Inc
 BlueChoice
 CIGNA HealthCare of St. Louis Inc
 CIGNA of Kansas/Missouri
 Community Health Plan
 Coventry Health Care of Kansas Inc
 Cox Health Plans Inc
 Group Health Plan
 HealthLink Inc
 Humana Health Plan Inc
 Mercy Health Plans of Missouri Inc-St. L.
 Premier Health Plans-Springfield
 UnitedHealthcare of the Midwest*

Controlling High Blood Pressure	Stroke (S), Congestive Heart Failure (H), High Blood Pressure (B) Case Management	Cholesterol Management after Acute Cardiovascular Event Screening	Cholesterol Management after Acute Cardiovascular Event Control
●	SH	●	●
●	SH	○	○
●	SH	●	●
●	SHB	●	●
●	SH	●	●
●	SH	●	●
●	SHB	●	●
○	SHB	●	●
●	SHB	NA	NA
●	SH	●	●
NA	SHB	NA	NA
●	SHB	○	○
●	H	●	●
●	SHB	●	●
●	SHB	●	●
66%		77%	63%

Statewide Averages

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Cardiovascular Health to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Plan members (ages 46-85) who were considered hypertensive during the first six months of the measurement year and who achieved blood pressure control.

Plan offers case management services for stroke, congestive heart failure and high blood pressure. Note: Letter indicates the conditions for which services are offered.

Plan members who received cholesterol management following an acute cardiovascular event, such as heart attack.

Plan members who received cholesterol management following an acute cardiovascular event, such as heart attack and whose LDL-C levels were <100mg/dL.

Screenings help to determine if a patient is at risk for a certain disease or health problem. Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Aetna Health Inc
Blue-Advantage
Blue-Care Inc
BlueChoice
CIGNA HealthCare of St. Louis Inc
CIGNA of Kansas/Missouri
Community Health Plan
Coventry Health Care of Kansas Inc
Cox Health Plans Inc
Group Health Plan
HealthLink Inc
Humana Health Plan Inc
Mercy Health Plans of Missouri Inc-St. L.
Premier Health Plans-Springfield
UnitedHealthcare of the Midwest*

Plan	Diabetes			Depression
	Diabetic	Diabetic	Diabetic	Antidepressant
	Retinal Eye Exam	Blood Testing	Kidney Screening	Medication Management
Aetna Health Inc	●	●	●	●
Blue-Advantage	●	●	●	●
Blue-Care Inc	●	●	●	●
BlueChoice	●	●	●	●
CIGNA HealthCare of St. Louis Inc	○	●	○	●
CIGNA of Kansas/Missouri	●	●	●	●
Community Health Plan	●	●	○	●
Coventry Health Care of Kansas Inc	●	●	●	●
Cox Health Plans Inc	●	●	●	NA
Group Health Plan	●	●	●	●
HealthLink Inc	NA	NA	NA	NA
Humana Health Plan Inc	○	●	●	●
Mercy Health Plans of Missouri Inc-St. L.	○	●	○	●
Premier Health Plans-Springfield	●	●	●	●
UnitedHealthcare of the Midwest*	●	●	●	●
Statewide Averages	50%	88%	51%	58%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Diabetes and Depression management to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Plan members (ages 18-75) who received a retinal eye exam during the past year.

Plan members (ages 18-75) who received a blood glucose test during the past year.

Plan members (ages 18-75) who are screened for or have evidence of nephropathy.

Plan members whose medication for recovery from depression is adequately managed.

Screenings help to determine if a patient is at risk for a certain disease or health problem. Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Member Satisfaction

	Customer Service	Claims Processing	Getting Needed Care	Rating of Doctor Seen Most Often	Rating of Specialist Seen Most Often	Overall Rating of Plan
	(1)	(2)	(3)	(4)	(5)	(6)
Aetna Health Inc	●	●	●	●	●	○
Blue-Advantage	●	●	●	●	●	●
Blue-Care Inc	●	●	●	●	●	●
BlueChoice	●	●	●	●	●	●
CIGNA HealthCare of St. Louis Inc	●	●	○	●	●	●
CIGNA of Kansas/Missouri	●	●	○	●	●	●
Community Health Plan	●	●	●	●	●	●
Coventry Health Care of Kansas Inc	●	●	●	●	●	○
Cox Health Plans Inc	●	●	●	●	●	●
Group Health Plan	●	●	●	●	●	●
HealthLink Inc	NA	NA	NA	NA	NA	NA
Humana Health Plan Inc	●	●	●	●	●	●
Mercy Health Plans of Missouri Inc-St. L.	●	●	●	●	●	●
Premier Health Plans-Springfield	●	●	●	●	●	●
UnitedHealthcare of the Midwest*	○	●	●	●	●	●
Statewide Averages	71%	92%	83%	76%	80%	68%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

All Plans Averages and Quality of Care Symbols Explained on following page.

Quality of Care Ratings

- – High
- – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Response Descriptions for Satisfaction Categories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) Claims were correctly processed in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health plan.

Statewide Averages and Quality of Care Symbols Explained

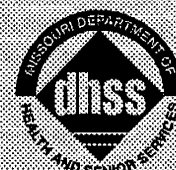
The percent on the "Statewide Averages" line indicate the average percent of all plans for each indicator shown in the header of the column.

The Quality of Care Ratings reflect a statistical comparison of the plan's percentage on the indicator (measure) and the statewide average percentage for all plans. An Average (●) rating for a specific plan means the plan scored close to the Statewide Average for that indicator. A High (●) or Low (○) rating means the plan scored much higher or much lower than the Statewide Average.

Member Services Telephone Numbers

Managed Care Plan / Website	Customer Service	Nurse Helpline
Aetna Health Inc. http://www.aetna.com	(800) 323-9930	(800) 556-1555
Blue-Advantage http://www.bcbskc.com	(816) 395-9558	
Blue-Care http://www.bcbskc.com	(816) 395-3558	
BlueChoice http://www.bcbsmo.com	(800) 624-2356	
CIGNA HealthCare of St. Louis http://www.cigna.com	(800) 832-3211	(800) 832-3211
CIGNA HealthCare of KS/MO http://www.cigna.com	(800) 832-3211	(800) 832-3211
Community Health Plan http://www.heartland-health.com	(800) 990-9247	(800) 832-2476
Coventry Health Care of Kansas Inc. http://www.chckansas.com	(800) 969-3343	(800) 622-9528
Cox Health Plans http://www.coxhealthplans.com	(800) 205-7665	
Group Health Plan http://www.ghp.com	(800) 755-3901	
HealthLink http://www.healthlink.com	(800) 624-2356	
Humana Health Plan http://www.humana.com	(866) 427-7478	(800) 622-9529
Mercy Health Plans of Missouri - St. L. http://www.mercyhealthplans.com	(800) 327-0763	(800) 811-1187
Premier Health Plans-Springfield http://www.premierhealthplansmo.com	(800) 481-4466	(800) 909-8326
UnitedHealthcare of the Midwest http://www.unitedhealthcare.com	(800) 627-0687	(877) 365-7950

For further information about this
Consumer's Guide, contact:
Missouri Dept. of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 751-6272



Websites

The following websites may be useful:

Agency for Healthcare Research & Quality:	http://www.ahrq.gov
American Association of Health Plans:	http://www.aahp.org
American Accreditation Healthcare Commission/URAC:	http://www.urac.org
American Medical Association:	http://www.ama-assn.org
American Osteopathic Association:	http://www.aoa-net.org
Families USA:	http://www.familiesusa.org
Health and Human Services-U.S.Government:	http://www.healthfinder.gov
Joint Commission on Accreditation of Healthcare Organizations/JCAHO:	http://www.jcaho.org
Missouri Department of Insurance	http://www.insurance.state.mo.us
National Committee for Quality Assurance/NCQA:	http://www.ncqa.org
National Health Information Center	http://www.health.gov/nhic

Need More Information?

Visit our website at: <http://www.dhss.state.mo.us/ManagedCare>

Concerns or Complaints?

Call your managed care plan if you have concerns on your treatment or feel you have been denied health services. They will explain your grievance rights and how to file a complaint. If you disagree with a plan's position or decision call the Consumer Hotline of the Missouri Department of Insurance at: 1-800-726-7390

For further information about this
Consumer's Guide, contact:

Missouri Dept. of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 751-6272



The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2005. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6272. The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Managed Care Inflation - 1886014								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	66,701,815	0.00	66,701,815	0.00
TOTAL - PD	0	0.00	0	0.00	66,701,815	0.00	66,701,815	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$66,701,815	0.00	\$66,701,815	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$24,199,418	0.00	\$23,892,590	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$42,502,397	0.00	\$42,809,225	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Managed Care Inflation - 1886014								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,102,588	0.00	5,102,588	0.00
TOTAL - PD	0	0.00	0	0.00	5,102,588	0.00	5,102,588	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,102,588	0.00	\$5,102,588	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$1,296,057	0.00	\$1,279,219	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$3,806,531	0.00	\$3,823,369	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 11**

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy PMPM Increase

Budget Unit: 90541C, 90585C, 90554C, 90556C

DI#: 1886015

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	12,001,706	45,357,047	14,200,000	71,558,753
TRF				
Total	<u>12,001,706</u>	<u>45,357,047</u>	<u>14,200,000</u>	<u>71,558,753</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Rebates (0114)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	11,681,232	45,677,521	14,200,000	71,558,753
TRF				
Total	<u>11,681,232</u>	<u>45,677,521</u>	<u>14,200,000</u>	<u>71,558,753</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Rebates (0114)

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation and Utilization Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies and inflation. The request includes a 8.02% inflationary factor assuming (1) a 9.47% inflationary factor for OAA and PTD eligibles and (2) a 7.5% inflationary factor for all other eligibles.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures due to increased utilization.

Pharmacy costs continue to grow at a higher rate than other medical costs. The increasing costs can be attributed to the rising cost of drug ingredients, an increase in units per prescription, the cost of new, expensive medications, and utilization increases. The increase in ingredient costs is due to the inflationary increases which are incorporated into the overall pricing of prescription medications by the pharmaceutical industry as well as the addition of new, expensive agents to the marketplace. The inflation rate in this decision item is consistent with the projected inflation rate being projected by all pharmacy payers.

According to the latest Express Scripts (ESI) Trend Report, ESI is projecting a trend increase of 20.5% for Specialty drugs and a trend increase of 6% for Non-Specialty drugs. The disabled population utilizes a disproportionate share of Specialty drugs and therefore, the overall projected increase is higher than the average.

This decision item also seeks funding for the increase in pharmacy services for managed care participants. Effective October 1, 2009, pharmacy services are being carved out of managed care. This decision item seeks 9 months of funding for managed care participants.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The FY2010 estimated inflationary increase in pharmacy will generate additional rebates in FY2010. The current rebate level is 31% and the current state share is 36.28%, however the rebates typically run 4 - 6 months in arrears, so only one half of rebates is reflected. The total rebates budgeted are \$14.2 million. This decision item budgets anticipated FY2009 rebate revenues over FY2009 rebate appropriation authority.

Calculation of Fee-For-Service Population:

	OAA	% Increase	PTD	% Increase	Other	% Increase	Total
FY08	\$166.96		\$422.50		\$59.56		
FY09	\$182.77	9.47%	\$462.51	9.47%	\$64.03	7.50%	
FY10	\$200.08	9.47%	\$506.31	9.47%	\$68.83	7.50%	
Increase	\$17.31		\$43.80		\$4.80		
FY09 Elg	10,030		82,794		258,063		
	173,619		3,626,377		1,238,702		
	12		12		12		
Total	\$2,083,432		\$43,516,526		\$14,864,429		\$60,464,387

	Total	GR	Federal
Pharmacy	57,604,422	20,898,884	36,705,538
State Medical	925,105	925,105	0
Women Health Srv	169,300	18,623	150,677
S-CHIP	1,765,560	448,452	1,317,108
Total	\$60,464,387	\$22,291,064	\$38,173,323

Calculation for Managed Care Population:

	XIX	S-CHIP	Total
FY10 Eligibles	335,525	35,127	
# of Months in FY10	9	9	
Total Member Months	3,019,725	316,143	
Cost PMPM	\$41.25	\$41.25	
FY09 Trend Rate	7.50%	7.50%	
Increase	\$3.09	\$3.09	
FY09 Cost	\$44.34	\$44.34	
FY10 Trend Rate	7.50%	7.50%	
FY 10 Increase	\$3.33	\$3.33	

Increase for Carve Out \$10,042,945 \$1,051,422 \$11,094,367

	Total	GR	Federal
S-CHIP	1,051,422	267,061	784,361
Pharmacy	10,042,945	3,643,581	6,399,364
Total	\$11,094,367	\$3,910,642	\$7,183,725

Calculation for Rebates (in millions):

Increase in Rebates from FFS PMPM	\$60.5
Rebate Collection Rate	31%
Additional Rebates	\$19.0
State Share	36.28%
Annual Rebate Collections	\$6.9
Available FY 10 (6 months)	50%
Collected	\$3.5
Estimated rebate revenues over FY09 appropriation rebates authority	\$10.7
Increase in Rebates due Inflationary Inc.	\$3.5
Total	\$14.2

Total Request including Fee for Service, Managed Care and Rebates:

	Total	GR	Other	Federal
Pharmacy	67,647,366	10,342,465	14,200,000	43,104,901
State Medical	925,105	925,105	0	0
Women Health Srv	169,300	18,623	0	150,677
S-CHIP	2,816,982	715,513	0	\$2,101,469
Total	\$71,558,753	\$12,001,706	\$14,200,000	\$45,357,047

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

Calculation of Fee-For-Service Population:

	Total	GR	Federal
Pharmacy	57,604,422	20,633,904	36,970,518
State Medical	925,105	925,105	0
Women Health Srv	169,300	18,623	150,677
S-CHIP	1,765,560	442,626	1,322,934
Total	\$60,464,387	\$22,020,258	\$38,444,129

Increase for Carve Out

	Total	GR	Federal
S-CHIP	1,051,422	263,591	787,831
Pharmacy	10,042,945	3,597,383	6,445,562
Total	\$11,094,367	\$3,860,974	\$7,233,393

Total Request including Fee for Service, Managed Care and Rebates:

	Total	GR	Other	Federal
Pharmacy	67,647,366	10,031,287	14,200,000	43,416,079
State Medical	925,105	925,105	0	0
Women Health Srv	169,300	18,623	0	150,677
S-CHIP	2,816,982	706,217	0	\$2,110,765
Total	\$71,558,753	\$11,681,232	\$14,200,000	\$45,677,521

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	12,001,706		45,357,047		14,200,000		71,558,753		
Total PSD	12,001,706		45,357,047		14,200,000		71,558,753		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	12,001,706	0.0	45,357,047	0.0	14,200,000	0.0	71,558,753	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	11,681,232		45,677,521		14,200,000		71,558,753		
Total PSD	11,681,232		45,677,521		14,200,000		71,558,753		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	11,681,232	0.0	45,677,521	0.0	14,200,000	0.0	71,558,753	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

- 6a. Provide an effectiveness measure.
- 6b. Provide an efficiency measure.
- 6c. Provide the number of clients/individuals served, if applicable.
- 6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Pharmacy PMPM Increase - 1886015								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	67,647,366	0.00	67,647,366	0.00
TOTAL - PD	0	0.00	0	0.00	67,647,366	0.00	67,647,366	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$67,647,366	0.00	\$67,647,366	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$10,342,465	0.00	\$10,031,287	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$43,104,901	0.00	\$43,416,079	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$14,200,000	0.00	\$14,200,000	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
Pharmacy PMPM Increase - 1886015								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	169,300	0.00	169,300	0.00
TOTAL - PD	0	0.00	0	0.00	169,300	0.00	169,300	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$169,300	0.00	\$169,300	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$18,623	0.00	\$18,623	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$150,677	0.00	\$150,677	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Pharmacy PMPM Increase - 1886015								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,816,982	0.00	2,816,982	0.00
TOTAL - PD	0	0.00	0	0.00	2,816,982	0.00	2,816,982	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,816,982	0.00	\$2,816,982	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$715,513	0.00	\$706,217	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$2,101,469	0.00	\$2,110,765	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Pharmacy PMPM Increase - 1886015								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	925,105	0.00	925,105	0.00
TOTAL - PD	0	0.00	0	0.00	925,105	0.00	925,105	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$925,105	0.00	\$925,105	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$925,105	0.00	\$925,105	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 18**

Department: Social Services
Division: MO HealthNet
DI Name: FMAP

Budget Unit: 90527, 90541C, 90544C, 90546C, 90547C, 90549C,
90550C, 90551C, 90552C, 90554C, 90556C, 90561C, 90564C, 90568C
DI#: 1886020

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,184,322	29,763,062		32,947,384
TRF				
Total	3,184,322	29,763,062		32,947,384
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	48,721,448		48,721,448
TRF				
Total	0	48,721,448		48,721,448
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding to address the change in the Federal Medical Assistance Percentage (FMAP). Changes are regular rate from 63.00% blended to 63.72% blended and enhanced rate from 74.10% blended to 74.60% blended.

This funding is requested to compensate for the change in the Federal Medical Assistance Percentage (FMAP). Each year the Centers for Medicare and Medicaid Services (CMS) revises the percentage of Medicaid costs that the federal government will reimburse to each state. Effective October 1, 2009, the regular FMAP rate will increase from 63.19% to 63.89%. The enhanced FMAP rate for the 1115 Waiver CHIP children will increase from 74.23% to 74.72%. As a result, the MO HealthNet Division seeks to continue program core funding at current levels by compensating for this change in federal funding levels. The increased costs of this decision item have an equal offset in the affected program cores as core reductions. The Federal Authority is Social Security Act 1905(b).

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Since the federal fiscal year (FFY) doesn't begin until the second quarter of the state fiscal year (SFY), a SFY blended rate is applied to the SFY core funding. This blended rate is derived by adding the old FFY rate (63.19%) for three months (July thru September) and the new FFY rate (63.89%) for nine months (October thru June) and dividing by 12 months, resulting in a SFY blended rate of 63.72%. This same procedure is applied to the enhanced federal match for the SCHIP program. The enhanced old FFY rate of 74.23% for three months (July thru September) and the new FFY rate of 74.72% for nine months (October thru June) results in an enhanced SFY blended rate of 74.60%. In order to continue current core funding, these blended rates are applied to the SFY 08 core funding resulting in a revised mix of funding sources while maintaining the same total. Based on the review of all program cores and the change in FMAP, the below increases are needed to maintain total funding at the correct level and have equal offsetting reductions in the applicable program cores. The GR request for participant case management reflects the amount needed to correct the federal program match from 60/40 to an Administrative match of 50/50.

	Total	GR	Federal
Participant Case Mgmt	3,184,322	3,184,322	0
Pharmacy	3,170,853		3,170,853
Physician	3,957,148		3,957,148
Dental	106,616		106,616
Premium Payments	1,349,481		1,349,481
Home Health	55,886		55,886
PACE	43,929		43,929
Nursing Facility	4,270,459		4,270,459
Rehab & Specialty	1,006,535		1,006,535
NEMT	246,582		246,582
Managed Care	7,382,117		7,382,117
Hospital	7,733,554		7,733,554
Women's Health Srv	170,662		170,662
S-CHIP	269,240		269,240
Total	\$32,947,384	\$3,184,322	\$29,763,062

Governor's Recommendation:

The Governor's recommendation includes the updated FMAP percentage that the federal government will reimburse.

	Total	GR	Federal
Pharmacy	6,642,678		6,642,678
Physician	6,098,480		6,098,480
Dental	167,003		167,003
Premium Payments	2,012,744		2,012,744
Home Health	87,661		87,661
PACE	68,905		68,905
Nursing Facility	7,061,846		7,061,846
Rehab & Specialty	1,941,009		1,941,009
NEMT	404,121		404,121
Managed Care	12,500,970		12,500,970
Hospital	10,693,931		10,693,931
Women's Health Srv	170,662		170,662
S-CHIP	871,438		871,438
Total	\$48,721,448	\$0	\$48,721,448

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	3,184,322		29,763,062		0		32,947,384		
Total PSD	3,184,322		29,763,062		0		32,947,384		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	3,184,322	0.0	29,763,062	0.0	0	0.0	32,947,384	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		48,721,448				48,721,448		
Total PSD	0		48,721,448		0		48,721,448		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	48,721,448	0.0	0	0.0	48,721,448	0.0	0

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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Year	Regular FFP Rates		Enhanced FFP Rates (CHIP Program)	
	FFY	SFY	FFY	SFY
2006	61.93%	61.74%	73.35%	73.22%
2007	61.60%	61.68%	73.12%	73.18%
2008	62.42%	62.22%	73.69%	73.55%
2009	63.19%	63.00%	74.23%	74.10%
2010	64.51%	64.18%	75.16%	74.93%
2011	64.51%	64.18%	75.16%	74.93%

Since the FMAP adjustments represent a funding source rather than a particular program, measures for the FMAP adjustments are incorporated into the specific MO HealthNet program sections.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Maintain flow of federal financial participation in the healthcare arena. (Beyond DSS)
- The MO HealthNet Division performs detailed projections for all program cores. These projections include adjusting the federal participation level to the percentage in effect for SFY09. After adjusting the funding sources, the appropriate core funds are reduced through core reductions (see Program Core Requests). Increases in funding are requested through this decision item. These two offsetting actions result in continued core funding at current levels.

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MHN PARTICIPANT CASE MGMT								
FMAP adjustment - 1886020								
PROFESSIONAL SERVICES	0	0.00	0	0.00	3,184,322	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	3,184,322	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,184,322	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,184,322	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,170,853	0.00	6,642,678	0.00
TOTAL - PD	0	0.00	0	0.00	3,170,853	0.00	6,642,678	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,170,853	0.00	\$6,642,678	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,170,853	0.00	\$6,642,678	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,957,148	0.00	6,098,480	0.00
TOTAL - PD	0	0.00	0	0.00	3,957,148	0.00	6,098,480	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,957,148	0.00	\$6,098,480	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,957,148	0.00	\$6,098,480	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	106,616	0.00	167,003	0.00
TOTAL - PD	0	0.00	0	0.00	106,616	0.00	167,003	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$106,616	0.00	\$167,003	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$106,616	0.00	\$167,003	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,349,481	0.00	2,012,744	0.00
TOTAL - PD	0	0.00	0	0.00	1,349,481	0.00	2,012,744	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,349,481	0.00	\$2,012,744	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,349,481	0.00	\$2,012,744	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,270,459	0.00	7,061,846	0.00
TOTAL - PD	0	0.00	0	0.00	4,270,459	0.00	7,061,846	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,270,459	0.00	\$7,061,846	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$4,270,459	0.00	\$7,061,846	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	55,886	0.00	87,661	0.00
TOTAL - PD	0	0.00	0	0.00	55,886	0.00	87,661	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$55,886	0.00	\$87,661	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$55,886	0.00	\$87,661	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PACE								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	43,929	0.00	68,905	0.00
TOTAL - PD	0	0.00	0	0.00	43,929	0.00	68,905	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$43,929	0.00	\$68,905	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$43,929	0.00	\$68,905	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,006,535	0.00	1,941,009	0.00
TOTAL - PD	0	0.00	0	0.00	1,006,535	0.00	1,941,009	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,006,535	0.00	\$1,941,009	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,006,535	0.00	\$1,941,009	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	246,582	0.00	404,121	0.00
TOTAL - PD	0	0.00	0	0.00	246,582	0.00	404,121	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$246,582	0.00	\$404,121	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$246,582	0.00	\$404,121	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	7,382,117	0.00	12,500,970	0.00
TOTAL - PD	0	0.00	0	0.00	7,382,117	0.00	12,500,970	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,382,117	0.00	\$12,500,970	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,382,117	0.00	\$12,500,970	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	7,733,554	0.00	10,693,931	0.00
TOTAL - PD	0	0.00	0	0.00	7,733,554	0.00	10,693,931	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,733,554	0.00	\$10,693,931	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,733,554	0.00	\$10,693,931	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	170,662	0.00	170,662	0.00
TOTAL - PD	0	0.00	0	0.00	170,662	0.00	170,662	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$170,662	0.00	\$170,662	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$170,662	0.00	\$170,662	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
FMAP adjustment - 1886020								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	269,240	0.00	871,438	0.00
TOTAL - PD	0	0.00	0	0.00	269,240	0.00	871,438	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$269,240	0.00	\$871,438	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$269,240	0.00	\$871,438	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 26**

Department: Social Services
Division: MO HealthNet
DI Name: Smoking Cessation

Budget Unit: 90541C, 90544C

DI#: 1886050

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	7,581,740	13,316,110		20,897,850
TRF				
Total	<u>7,581,740</u>	<u>13,316,110</u>		<u>20,897,850</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	<u>0</u>	<u>0</u>		<u>0</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: This funding is requested to provide a new Smoking Cessation benefit for MO HealthNet participants.

This decision item requests funding to provide a Smoking Cessation benefit for MO HealthNet participants.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The cost of a smoking cessation benefit was calculated by taking the current fee-for-service MO HealthNet population age 18 and older (277,154) and multiplying by the number of smokers (32.5%, based on data from the ASH - Action on Smoking and Health), to arrive at approximately 90,000 smokers. It is assumed that 40% of these smokers would participate in a smoking cessation program, which would be approximately 36,000 MO HealthNet participants. Cost assumptions include a pharmacy benefit (\$325), a physician visit (\$30) and separate counseling (\$900). The recommendation assumes that DSS will be able to work with the drug manufacturers to include counseling for some MO HealthNet participants in the drug cost.

	Total	GR	Federal
Pharmacy	11,709,750	4,248,297	7,461,453
Physician Related	9,188,100	3,333,443	5,854,657
Total	\$20,897,850	\$7,581,740	\$13,316,110

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	7,581,740		13,316,110		0		20,897,850		
Total PSD	7,581,740		13,316,110		0		20,897,850		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	7,581,740	0.0	13,316,110	0.0	0	0.0	20,897,850	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0				0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

MO HealthNet Participants - Smokers Who Quit		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	NA	
2009	NA	
2010		10%
2011		20%

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Smoking Cessation - 1886050								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	11,709,750	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	11,709,750	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$11,709,750	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$4,248,297	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,461,453	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
Smoking Cessation - 1886050								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,188,100	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	9,188,100	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,188,100	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,333,443	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$5,854,657	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

*AMBULANCE RATE
INCREASE*

**NEW DECISION ITEM
RANK: 36**

Department: Social Services
Division: MO HealthNet
DI Name: Ambulance Rate Increase

Budget Unit: 90550, 90551C, 90554C, 90556C, 90585C
DI#: 1886008

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,066,629	4,924,557		7,991,186
TRF				
Total	<u>3,066,629</u>	<u>4,924,557</u>		<u>7,991,186</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	<u>0</u>	<u>0</u>		<u>0</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI Synopsis: Funding is needed to increase rates reimbursed to ambulance providers pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23), RSMo requires the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget request.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Reimbursement is provided for the base charge (the lesser of the MO HealthNet maximum allowed amount or billed charge) for patient pickup and transportation to destination (base charge includes the first five miles), mileage beyond the first five miles, and ancillary services related to emergency situations. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) if medically necessary. All MO HealthNet participants are eligible for ambulance services.

The requested funding will bring MO HealthNet reimbursement rates for ambulance procedure codes up to 60% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the Medicare rates for the procedure codes billed in FY07 under the fee-for-service program. This difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total cost to reach reimbursement parity for ambulance rates is \$31,965,042. This request totals \$7,991,186 and funds the first year of the plan.

	Total	GR	Federal
Rehab & Specialty	4,099,946	1,487,460	2,612,486
State Medical	348,044	348,044	0
Managed Care	2,810,330	1,019,588	1,790,742
Women's Health Srv	233,357	84,662	148,695
SCHIP	499,509	126,875	372,634
Total	\$7,991,186	\$3,066,629	\$4,924,557

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	3,066,629		4,924,557		0		7,991,186		
Total PSD	3,066,629		4,924,557		0		7,991,186		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	3,066,629	0.0	4,924,557	0.0	0	0.0	7,991,186	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0		0		0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Ambulance Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	NA	
2009	45%	
2010		60%
2011		75%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Ambulance Services		
SFY	Actual	Projected
2006	8,028	
2007	8,335	
2008	8,320	
2009		8,337
2010		8,355
2011		8,373

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Ambulance Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,099,946	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,099,946	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,099,946	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,487,460	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,612,486	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Ambulance Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,810,330	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,810,330	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,810,330	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,019,588	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,790,742	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
Ambulance Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	233,357	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	233,357	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$233,357	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$84,662	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$148,695	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Ambulance Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	499,509	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	499,509	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$499,509	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$126,875	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$372,634	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Ambulance Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	348,044	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	348,044	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$348,044	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$348,044	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 37**

Department: Social Services
Division: MO HealthNet
DI Name: Audiology Rate Increase

Budget Unit: 90550C, 90551C, 90556C, 90585C

DI#: 1886037

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	47,106	83,054		130,160
TRF				
Total	47,106	83,054		130,160
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to increase rates reimbursed for Audiology services pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The requested funding will bring MO HealthNet reimbursement rates for audiology procedure codes up to 74% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the comparison rates for the procedure codes billed in FY07 under the fee-for-service program. The difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total net cost to reach reimbursement parity for audiology rates is \$521,630. This assumes procedure codes that are currently over the comparison rates are reduced to the comparison rates. The savings is deducted from the total cost to determine a net cost to reach parity. This request totals \$130,160 and funds the first year of the plan.

	Total	GR	Federal
Cost to Reach Parity			
Rehab	59,879	21,724	38,155
State Medical	2,266	2,266	0
Managed Care	79,551	28,861	50,690
SCHIP	17,585	4,467	13,118
Total	\$159,281	\$57,318	\$101,963
Savings to Reach Parity			
Rehab	(10,064)	(3,651)	(6,413)
State Medical	(67)	(67)	0
Managed Care	(15,347)	(5,568)	(9,779)
SCHIP	(3,643)	(926)	(2,717)
Total	(\$29,121)	(\$10,212)	(\$18,909)
Net Cost to Reach Parity			
Rehab	49,815	18,073	31,742
State Medical	2,199	2,199	0
Managed Care	64,204	23,293	40,911
SCHIP	13,942	3,541	10,401
Total	\$130,160	\$47,106	\$83,054

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	47,106		83,054		0		130,160		
Total PSD	47,106		83,054		0		130,160		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	47,106	0.0	83,054	0.0	0	0.0	130,160	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Audiology Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	NA	
2009	65%	
2010		74%
2011		83%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Audiology Services		
SFY	Actual	Projected
2006	474	
2007	286	
2008	331	
2009		333
2010		336
2011		339

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Audiology Rate Increase - 1886037								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	49,815	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	49,815	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$49,815	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$18,073	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$31,742	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Audiology Rate Increase - 1886037								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	64,204	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	64,204	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$64,204	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$23,293	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$40,911	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Audiology Rate Increase - 1886037								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	13,942	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,942	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$13,942	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,541	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,401	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Audiology Rate Increase - 1886037								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,199	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,199	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,199	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,199	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 38**

Department: Social Services
Division: MO HealthNet
DI Name: Dental Rate Increase

Budget Unit: 90546C, 90551C, 90556C, 90585C

DI#: 1886038

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	5,262,352	9,481,023		14,743,375
TRF				
Total	<u>5,262,352</u>	<u>9,481,023</u>		<u>14,743,375</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	<u>0</u>	<u>0</u>		<u>0</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

☒ New Legislation
☐ Federal Mandate
☐ GR Pick-Up
☐ Pay Plan

☐ New Program
☐ Program Expansion
☐ Space Request
☒ Other: Rate Increase

☐ Fund Switch
☐ Cost to Continue
☐ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to increase rates reimbursed for Dental services pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with usual, customary, and reasonable (UCR) dental rates. The division is required to include the funding needed to complete the four-year plan in its annual budget.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The requested funding will bring MO HealthNet reimbursement rates for dental procedure codes up to 57% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the comparison rates for the procedure codes billed in FY07 under the fee-for-service program. The difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total net cost to reach reimbursement parity is \$60,508,622. This assumes procedure codes that are currently over 100% of the comparison rates are reduced to the comparison rates. This request totals \$14,743,375 and funds the first year of the plan.

	Total	GR	Federal
Dental	5,498,240	1,994,761	3,503,479
Managed Care	7,439,710	2,699,127	4,740,583
SCHIP	1,658,125	421,164	1,236,961
State Medical	147,300	147,300	0
Total	\$14,743,375	\$5,262,352	\$9,481,023

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	5,262,352		9,481,023		0		14,743,375		
Total PSD	5,262,352		9,481,023		0		14,743,375		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	5,262,352	0.0	9,481,023	0.0	0	0.0	14,743,375	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Dental Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	NA	
2009	38.5%	
2010		57%
2011		71%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Number of Dental Services Users per Month		
SFY	Actual	Projected
2006	9,286	
2007	5,959	
2008	6,228	
2009		6,509
2010		6,803
2011		7,110

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
Dental Rate Increase - 1886038								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,498,240	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,498,240	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,498,240	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,994,761	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,503,479	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Dental Rate Increase - 1886038								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	7,439,710	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	7,439,710	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$7,439,710	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,699,127	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$4,740,583	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Dental Rate Increase - 1886038								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,658,125	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,658,125	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,658,125	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$421,164	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,236,961	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Dental Rate Increase - 1886038								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	147,300	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	147,300	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$147,300	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$147,300	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 39**

Department: Social Services
Division: MO HealthNet
DI Name: Durable Medical Equipment Rate Increase

Budget Unit: 90550C, 90551C, 90556C, 90585C
DI#: 1886039

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	342,282	609,165		951,447
TRF				
Total	342,282	609,165		951,447
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to increase rates reimbursed to Durable Medical Equipment providers pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget request.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The requested funding will bring MO HealthNet reimbursement rates for durable medical equipment procedure codes up to 96% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the Medicare rates for the procedure codes billed in FY07 under the fee-for-service program. This difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total net cost to reach reimbursement parity for durable medical equipment is \$3,842,284. The four-year plan assumes procedure codes that are currently over 100% of the Medicare/state proxy rates are reduced to the Medicare/state proxy rate. The savings is deducted from the total cost to determine a net cost to reach parity. This request totals \$951,447 and funds the first year of the plan.

	Total	GR	Federal
Cost to Reach Parity			
Rehab	538,471	195,357	343,114
State Medical	23,439	23,439	0
Managed Care	613,577	222,606	390,971
SCHIP	135,071	34,308	100,763
Total	\$1,310,558	\$475,710	\$834,848
Savings to Reach Parity			
Rehab	(164,811)	(59,793)	(105,018)
State Medical	(10,296)	(10,296)	0
Managed Care	(152,587)	(55,359)	(97,228)
SCHIP	(31,417)	(7,980)	(23,437)
Total	(\$359,111)	(\$133,428)	(\$225,683)
Net Cost to Reach Parity			
Rehab	373,660	135,564	238,096
State Medical	13,143	13,143	0
Managed Care	460,990	167,247	293,743
SCHIP	103,654	26,328	77,326
Total	\$951,447	\$342,282	\$609,165

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	342,282		609,165		0		951,447		
Total PSD	342,282		609,165		0		951,447		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	342,282	0.0	609,165	0.0	0	0.0	951,447	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0				0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

DME Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	NA	
2009	95%	
2010		96%
2011		97%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly DME Users		
SFY	Actual	Projected
2006	24,617	2,139
2007	23,410	23,031
2008	26,976	23,031
2009		27,003
2010		27,030
2011		27,057

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Durable Med Equipment Rate Inc - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	373,660	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	373,660	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$373,660	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$135,564	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$238,096	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Durable Med Equipment Rate Inc - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	460,990	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	460,990	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$460,990	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$167,247	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$293,743	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Durable Med Equipment Rate Inc - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	103,654	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	103,654	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$103,654	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$26,328	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$77,326	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Durable Med Equipment Rate Inc - 1886039								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	13,143	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,143	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$13,143	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$13,143	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

OPTICAL RATE INCREASE

**NEW DECISION ITEM
RANK: 40**

Department: Social Services
Division: MO HealthNet
DI Name: Optical Rate Increase

Budget Unit: 90551C, 90550C, 90556C, 90585C

DI#: 1886040

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	944,188	1,532,874		2,477,062
TRF				
Total	<u>944,188</u>	<u>1,532,874</u>		<u>2,477,062</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	<u>0</u>	<u>0</u>		<u>0</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to increase rates reimbursed for Optical services pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The requested funding will bring MO HealthNet reimbursement rates for optical procedure codes up to 66% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount was calculated by determining the difference between the MO HealthNet reimbursement rates and the comparable rates for the procedure codes billed in FY07 under the fee-for-service program. This difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total net cost to reach reimbursement parity for optical rates is \$9,909,028. This assumes procedure codes that are currently over 100% of the comparison rates are reduced to the comparison rates. This request totals \$2,477,062 and funds the first year of the plan.

Cost to Reach Parity	Total	GR	Federal
Rehab Services	1,267,323	459,785	807,538
State Medical	101,240	101,240	0
Managed Care	936,762	339,857	596,905
S-CHIP	173,878	44,165	129,713
Total	\$2,479,203	\$945,047	\$1,534,156
Savings to Reach Parity			
Rehab Services	(1,324)	(481)	(843)
State Medical	(140)	(140)	0
Managed Care	(603)	(219)	(384)
S-CHIP	(74)	(19)	(55)
Total	(\$2,141)	(\$859)	(\$1,282)
Net Cost to Reach Parity			
Rehab Services	1,265,999	459,304	806,695
State Medical	101,100	101,100	0
Managed Care	936,159	339,638	596,521
S-CHIP	173,804	44,146	129,658
Total	\$2,477,062	\$944,188	\$1,532,874

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	944,188		1,532,874		0		2,477,062		
Total PSD	944,188		1,532,874		0		2,477,062		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	944,188	0.0	1,532,874	0.0	0	0.0	2,477,062	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0				0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Optical Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	N/A	
2007	N/A	
2008	N/A	
2009	55%	
2010		66%
2011		77%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Optical Services		
SFY	Actual	Projected
2006	10,728	
2007	11,381	
2008	11,530	
2009		11,645
2010		11,762
2011		11,879

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Optical Rate Increase - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,265,999	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,265,999	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,265,999	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$459,304	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$806,695	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Optical Rate Increase - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	936,159	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	936,159	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$936,159	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$339,638	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$596,521	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Optical Rate Increase - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	173,804	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	173,804	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$173,804	0.00	\$0	0.00
GENERAL REVENUE								
\$0 0.00 \$0 0.00 \$44,146 0.00 0.00								
FEDERAL FUNDS								
\$0 0.00 \$0 0.00 \$129,658 0.00 0.00								
OTHER FUNDS								
\$0 0.00 \$0 0.00 \$0 0.00 0.00								

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Optical Rate Increase - 1886040								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	101,100	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	101,100	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$101,100	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$101,100	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 41**

Department: Social Services
Division: MO HealthNet
DI Name: Therapies-Rehab Center Rate Increase

Budget Unit: 90550C, 90551C, 90556C, 90585C
DI#: 1886041

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	139,199	257,760		396,959
TRF				
Total	139,199	257,760		396,959
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI Synopsis: Funding is needed to increase rates reimbursed to Rehab Centers for therapy pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget request.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The rehabilitation center program pays for adaptive training of MO HealthNet participants who have prosthetic/orthotic devices. Covered services include: comprehensive evaluation, stump conditioning, prosthetic and orthotic training, speech therapy for artificial larynx and occupational therapy related to the prosthetic/orthotic adaption. These procedures are covered by MO HealthNet even when the prosthetic/orthotic service was not provided through the MO HealthNet program.

Coverage of augmentative communication devices and training are covered and include the cost of the device, accessories, evaluation and training. Training is also covered for the following prosthetic devices: artificial arms, artificial legs, artificial larynx and orthotics.

The requested funding will bring MO HealthNet reimbursement rates for these procedure codes up to 44% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the Medicare rates for the procedure codes billed in FY07 under the fee-for-service program. This difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total cost to reach reimbursement parity for Rehab Center Therapy rates is \$1,587,836. This request totals \$396,959 and funds the first year of the plan.

	Total	GR	Federal
Rehab	137,188	49,772	87,416
State Medical	918	918	0
Managed Care	209,192	75,895	133,297
SCHIP	49,661	12,614	37,047
Total	\$396,959	\$139,199	\$257,760

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	139,199		257,760		0		396,959		
Total PSD	139,199		257,760		0		396,959		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	139,199	0.0	257,760	0.0	0	0.0	396,959	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0				0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Rehabilitation Center Therapy Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	N/A	
2007	N/A	
2008	N/A	
2009	25%	
2010		44%
2011		63%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Rehabilitation Center Services		
SFY	Actual	Projected
2006	207	
2007	206	
2008	203	
2009		203
2010		203
2011		203

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	137,188	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	137,188	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$137,188	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$49,772	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$87,416	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	209,192	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	209,192	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$209,192	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$75,895	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$133,297	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	49,661	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	49,661	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$49,661	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$12,614	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$37,047	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	918	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	918	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$918	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$918	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 42**

Department: Social Services
Division: MO HealthNet
DI Name: Physician-Related Services Rate Increase

Budget Unit: 90544C, 90546C, 90585C, 90551C, 90556C, 90554C
DI#: 1886042

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	16,643,476	27,886,647		44,530,123
TRF				
Total	<u>16,643,476</u>	<u>27,886,647</u>		<u>44,530,123</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	<u>0</u>	<u>0</u>		<u>0</u>
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to increase rates reimbursed for Physician-Related services pursuant to the first year of the Four-Year plan to reach reimbursement parity.

Section 208.152.1(23) required the MO HealthNet Division to provide to the General Assembly a four-year plan by July 1, 2008, to achieve parity with Medicare reimbursement rates. The division is required to include the funding needed to complete the four-year plan in its annual budget request.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The requested funding will bring MO HealthNet reimbursement rates for physician-related services procedure codes up to 75% of reimbursement parity pursuant to the first year of the Four-Year Plan to Reach Reimbursement Parity. The amount requested was calculated by determining the difference between the MO HealthNet reimbursement rates and the Medicare rates for the procedure codes billed in FY07 under the fee-for-service program. This difference was multiplied by the number of units utilized in FY07 to arrive at the cost to bring reimbursement into parity. The total net cost to reach reimbursement parity for physician-related services is \$176,630,800. This assumes procedure codes that are currently over 100% of the Medicare/state proxy rates are reduced to the Medicare/state proxy rate. The savings is deducted from the total cost to determine a net cost to reach parity. This request totals \$44,530,123 and funds the first year of the plan.

	Total	GR	Federal
Cost to Reach Parity			
Physicians	22,948,670	8,325,778	14,622,892
Dental	383,844	139,259	244,585
State Medical	1,830,907	1,830,907	0
Managed Care	16,883,368	6,125,286	10,758,082
S-CHIP	3,131,094	795,298	2,335,796
Women's Health	1,189,576	130,854	1,058,722
Total	\$46,367,459	\$17,347,382	\$29,020,077

Savings to Reach Parity			
Physicians	(1,023,307)	(371,256)	(652,051)
Dental	(66)	(24)	(42)
State Medical	(99,893)	(99,893)	0
Managed Care	(561,670)	(203,774)	(357,896)
S-CHIP	(84,684)	(21,510)	(63,174)
Women's Health	(67,716)	(7,449)	(60,267)
Total	(\$1,837,336)	(\$703,906)	(\$1,133,430)

Net Cost to Reach Parity			
Physicians	21,925,363	7,954,522	13,970,841
Dental	383,778	139,235	244,543
State Medical	1,731,014	1,731,014	0
Managed Care	16,321,698	5,921,512	10,400,186
SCHIP	3,046,410	773,788	2,272,622
Women's Health	1,121,860	123,405	998,455
Total	\$44,530,123	\$16,643,476	\$27,886,647

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	16,643,476		27,886,647		0		44,530,123		
Total PSD	16,643,476		27,886,647		0		44,530,123		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	16,643,476	0.0	27,886,647	0.0	0	0.0	44,530,123	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0				0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Physician Rates Percent of Parity Achieved		
SFY	Actual	Target
2006	NA	
2007	NA	
2008	55%	
2009	65%	
2010		75%
2011		84%

6b. Provide an efficiency measure.

MO HealthNet will track utilization for improvements in access to care by monitoring the number of providers enrolled in the MO HealthNet program

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Physician Users		
SFY	Actual	Projected
2006	219,015	233,020
2007	207,071	229,966
2008	204,997	223,599
2009		205,000
2010		205,000
2011		205,000

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	21,925,363	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	21,925,363	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$21,925,363	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$7,954,522	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$13,970,841	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	383,778	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	383,778	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$383,778	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$139,235	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$244,543	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	16,321,698	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	16,321,698	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$16,321,698	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$5,921,512	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,400,186	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,121,860	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,121,860	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,121,860	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$123,405	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$998,455	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,046,410	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,046,410	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,046,410	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$773,788	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,272,622	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Physician-Related Svc Rate Inc - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,731,014	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,731,014	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,731,014	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,731,014	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 999**

Department: Social Services
Division: MO HealthNet
DI Name: Coverage Expansion - MAF

Budget Unit: 90541C, 90544C, 90546C, 90547C, 90549C, 90550C,
90551C, 90552C, 90561C, 90564C
DI#: 1886053

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	14,154,364	91,771,999	37,065,222	142,991,585
TRF				
Total	14,154,364	91,771,999	37,065,222	142,991,585
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (FRA) (0142)

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This item funds health care for parents with incomes up to 50% of the federal poverty level (FPL). MO HealthNet for parents is known as Medical Assistance for Families - Adults. Core appropriations fund MAF-Adult coverage up to the TANF limits (about 19% FPL to 20% FPL). The new decision item modestly expands coverage for parents with incomes above the TANF limits to 50% FPL. Under the new poverty guidelines published January 2009, income for a family of 3 at the TANF limits is \$292 per month; income for a family of 3 at 50% FPL is \$763 per month.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Cost to provide service to eligible parents up to 50% of the Federal Poverty Level.

Estimated new eligible parents between the TANF limits and 50% FPL	34,800
Est. FY09 annual cost per eligible	\$4,363
Total FY09 cost	\$151,832,400

FY 09 cost adjusted to 11 months for all benefits except pharmacy (pharmacy 12 months) \$140,564,046

	GR	FF	FRA	Total
Base: FY 2009 Estimate	\$14,880,929	\$90,214,005	\$35,469,112	\$140,564,046
Plus: 4.5% Inflationary Adjustment	\$669,642	\$4,059,630	\$1,596,110	\$6,325,382
FY 2010 Request	\$15,550,571	\$94,273,635	\$37,065,222	\$146,889,428

\$37,065,222 in Disproportionate Share Hospital (DSH) payments is redirected from the FRA budget section to fund this health care coverage expansion. There is a corresponding reduction in the FRA budget section.

Calculations shown above include costs for DMH and DHSS. Their funding is shown below.

	GR	FF	FRA	Total
DHSS	106,687	191,155		297,842
DMH	1,289,520	2,310,481		3,600,001
DSS	14,154,364	91,771,999	37,065,222	142,991,585
	15,550,571	94,273,635	37,065,222	146,889,428

	GR	FF	FRA	Total
Pharmacy	6,230,162	11,162,809	0	17,392,971
Physician	4,415,912	7,912,151	0	12,328,063
Dental	23,193	41,555	0	64,748
Buy-In	51,024	91,422	0	142,446
Nursing Facility	18,554	33,245	0	51,799
Home Health	23,193	41,555	0	64,748
Rehab & Specialty	343,254	615,020	0	958,274
NEMT	55,663	99,733	0	155,396
Managed Care	2,993,409	53,415,328	26,818,636	83,227,373
Hospital	0	18,359,181	10,246,586	28,605,767
Total	14,154,364	91,771,999	37,065,222	142,991,585

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	14,154,364		91,771,999		37,065,222		142,991,585		
Total PSD	14,154,364		91,771,999		37,065,222		142,991,585		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	14,154,364	0.0	91,771,999	0.0	37,065,222	0.0	142,991,585	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Number of additional parents receiving MO HealthNet benefits	
FY 2010	34,800

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

•Increase number of Missouri parents receiving health care benefits.

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	17,392,971	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	17,392,971	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$17,392,971	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$6,230,162	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$11,162,809	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	12,328,063	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	12,328,063	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$12,328,063	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$4,415,912	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$7,912,151	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	64,748	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	64,748	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$64,748	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$23,193	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$41,555	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	142,446	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	142,446	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$142,446	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$51,024	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$91,422	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	51,799	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	51,799	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$51,799	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$18,554	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$33,245	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	64,748	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	64,748	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$64,748	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$0	0.00	\$23,193	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$41,555	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	958,274	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	958,274	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$958,274	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$343,254	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$615,020	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	155,396	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	155,396	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$155,396	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$0	0.00	\$55,663	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$99,733	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	83,227,373	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	83,227,373	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$83,227,373	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$2,993,409	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$53,415,328	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$26,818,636	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Coverage Expansion MAF - 1886053								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	28,605,767	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	28,605,767	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$28,605,767	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$18,359,181	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$10,246,586	0.00

**NEW DECISION ITEM
RANK: 999**

Department: Social Services
Division: MO HealthNet
DI Name: Coverage Expansion - Children

Budget Unit: 90541C, 90544C, 90546C, 90550C, 90551C, 90552C,
90556C, 90561C
DI#: 1886054

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	22,797,669	58,536,394	474,214	81,808,277
TRF				
Total	22,797,669	58,536,394	474,214	81,808,277
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Premium Fund

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding supports health care benefits for Missouri children. This decision item funds the following initiatives to increase opportunities for families to access health care benefits for their children. Initiatives include:

Premiums

- Revising the State Children's Health Insurance Program (SCHIP) premium policy so that eligible families up to and including 225% of the federal poverty level may access health care for their children without paying a premium.
- Revising the SCHIP premium policy so that any eligible family above 225% of the federal poverty level up to 300% of the federal poverty level who pays a \$50 monthly premium may access health care benefits for their children.

Department Data Matches / Outreach

- Data matches with other programs in the Department of Social Services (e.g., foods stamps and child care) and with other Missouri state departments and follow up with families identified through data matches; engaging community based partners in assisting families with the application process; working with other state departments to ensure families served through their respective programs have an opportunity to apply for MO HealthNet benefits.

Continuous Eligibility

Once children are determined eligible for MO HealthNet programs, to ensure continuity of care, a policy of continuous eligibility will be implemented. Continuous eligibility promotes continuity of care by assuring families and providers that coverage will be maintained for a predictable period of time. From a coordination point of view, continuous coverage reduces the occasions when changes in family circumstances (for example, overtime pay or a reduction in hours of employment) require that a child be transferred from one child health coverage program to another or bumped off coverage entirely.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This decision item includes funding to change the SCHIP premium structure and to implement data matches to ensure all MO HealthNet eligible children are receiving health care benefits.

SCHIP Premium Changes:

1) No premiums for families with incomes up to and including 225% of the federal poverty level

GR	FF	Premiums	Total
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Cost to replace premium income	\$3,385,858	\$10,119,759	\$0	\$13,505,617
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Estimated new participants

Annual new participants 16,000

Monthly SCHIP cost per Child \$178.30

Total Monthly Cost \$2,852,800

July 1 Start Date 12

FY 2010 Cost \$34,233,600

\$8,582,365	\$25,651,235	\$0	\$34,233,600
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Subtotal Cost: no premiums for families with income up to and including 225% FPL	\$ 11,968,223	\$35,770,994	\$ -	\$47,739,217
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2) \$50 monthly premium for families above 225% of the federal poverty level up to 300% of the federal poverty level

GR	FF	Premiums	Total
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Cost to replace premium income	\$407,548	\$1,218,092	\$0	\$1,625,640
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Estimated new participants	2,211
Monthly SCHIP cost per Child	\$178.30
Total Monthly Cost	\$394,150
Months	12
FY 2010 Cost	\$4,729,800

\$853,811	\$3,544,039	\$331,950	\$4,729,800
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Families determined SCHIP eligible who will now pay premiums

Annual new participants	942
Monthly SCHIP cost per Child	\$178.30
Total Monthly Cost	\$167,959
Months	12
FY 2010 Cost	\$2,015,503

\$363,022	\$1,510,217	\$142,264	\$2,015,503
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Subtotal Cost: \$50 monthly premiums for families above 225% FPL up to 300% FPL

\$1,624,381	\$6,272,348	\$474,214	\$8,370,943
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Department Data Matches / Outreach:

GR	FF	Premiums	Total
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New eligibles from data matches / outreach

Food Stamp Match	5,000
DSS Child Care Match	1,000
WIC Match	2,456
Total	8,456

\$5,960,376	\$10,679,424	\$16,639,800
\$1,192,075	\$2,135,885	\$3,327,960
\$2,927,737	\$5,245,733	\$8,173,470

Annual new participants	8,456
Monthly Title XIX cost per Child	\$277.33
Monthly Cost	\$2,345,102
Months	12
FY 2010 Cost	\$28,141,230

Subtotal Cost: Department Data Matches / Outreach

\$10,080,188	\$18,061,042	\$28,141,230
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TOTAL COST SUMMARY:

SCHIP Premium Changes	\$13,592,604	\$42,043,342	\$474,214	\$56,110,160
Department Data Matches / Outreach	\$10,080,188	\$18,061,042	\$0	\$28,141,230
Total	\$23,672,792	\$60,104,384	\$474,214	\$84,251,390

Calculations shown above include costs for DMH and DHSS. Their funding is shown below.

	GR	FF	Premiums	Total
DHSS	1,892	3,391	-	5,283
DMH	873,231	1,564,599	-	2,437,830
DSS	22,797,669	58,536,394	474,214	81,808,277
Total	23,672,792	60,104,384	474,214	84,251,390

	GR	FF	Premiums	Total
Pharmacy	932,593	1,670,960	0	2,603,553
Physician	1,091,996	1,956,568	0	3,048,564
Dental	58,756	105,276	0	164,032
Rehab & Specialty	85,139	152,546	0	237,685
NEMT	17,438	31,244	0	48,682
Managed Care	5,246,742	9,400,780	0	14,647,522
Hospital	1,772,402	3,175,677	0	4,948,079
SCHIP	13,592,603	42,043,343	474,214	56,110,160
Total	22,797,669	58,536,394	474,214	81,808,277

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	22,797,669		58,536,394		474,214		81,808,277		
Total PSD	22,797,669		58,536,394		474,214		81,808,277		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	22,797,669	0.0	58,536,394	0.0	474,214	0.0	81,808,277	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Number of additional children receiving MO HealthNet benefits under SCHIP	
FY 2009	2,129
FY 2010	19,153

Number of additional children receiving MO HealthNet benefits from Outreach Initiatives	
FY 2010	8,456

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Increase the number of Missouri children receiving health care benefits.
- Ensure all Missouri children eligible to receive MO HealthNet have access to health care benefits.
- Work with community partners, other state agencies providing services to similar families, hospitals and other relevant parties to inform families that their children may be eligible for MO HealthNet benefits and to help families navigate the eligibility process.
- Streamline the MO HealthNet eligibility process to simplify the application process and to ensure continuity of care for children.
- Ensure continuity of care for MO HealthNet children through continuous eligibility.

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	2,603,553	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	2,603,553	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$2,603,553	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$932,593	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,670,960	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	3,048,564	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	3,048,564	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$3,048,564	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$1,091,996	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,956,568	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	164,032	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	164,032	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$164,032	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$58,756	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$105,276	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	237,685	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	237,685	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$237,685	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$85,139	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$152,546	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	48,682	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	48,682	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$48,682	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$17,438	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$31,244	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	14,647,522	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	14,647,522	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$14,647,522	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$5,246,742	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$9,400,780	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	4,948,079	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	4,948,079	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$4,948,079	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$1,772,402	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$3,175,677	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Coverage Expansion -Children - 1886054								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	56,110,160	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	56,110,160	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$56,110,160	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$0	0.00	\$13,592,603	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$42,043,343	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$474,214	0.00

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DECISION ITEM SUMMARY

Budget Unit

Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
PERSONAL SERVICES								
GENERAL REVENUE	3,188,334	83.89	3,421,493	85.03	3,421,493	85.03	3,347,463	83.03
DEPT OF SOC SERV FEDERAL & OTH	5,271,731	138.75	5,492,533	136.49	5,492,533	136.49	5,418,504	134.49
PHARMACY REBATES	17,666	0.54	18,866	0.50	0	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	324,941	9.52	353,716	11.79	372,582	12.29	372,582	12.29
PHARMACY REIMBURSEMENT ALLOWAN	24,170	0.52	25,101	0.50	25,101	0.50	25,101	0.50
NURSING FAC QUALITY OF CARE	67,023	1.68	80,513	2.45	80,513	2.45	80,513	2.45
HEALTH INITIATIVES	134,346	3.86	303,795	9.35	303,795	9.35	303,795	9.35
MISSOURI RX PLAN FUND	633,463	13.30	730,059	17.00	730,059	17.00	730,059	17.00
TOTAL - PS	9,661,674	252.06	10,426,076	263.11	10,426,076	263.11	10,278,017	259.11
EXPENSE & EQUIPMENT								
GENERAL REVENUE	1,132,341	0.00	1,238,613	0.00	1,243,723	0.00	1,206,223	0.00
DEPT OF SOC SERV FEDERAL & OTH	3,939,293	0.00	4,026,422	0.00	4,026,422	0.00	3,988,922	0.00
UNCOMPENSATED CARE FUND	61,737	0.00	0	0.00	0	0.00	0	0.00
PHARMACY REBATES	5,110	0.00	5,110	0.00	0	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	495,189	0.00	495,188	0.00	495,188	0.00	495,188	0.00
PHARMACY REIMBURSEMENT ALLOWAN	375	0.00	375	0.00	375	0.00	375	0.00
NURSING FAC QUALITY OF CARE	10,281	0.00	10,281	0.00	10,281	0.00	10,281	0.00
HEALTH INITIATIVES	31,385	0.00	31,385	0.00	31,385	0.00	31,385	0.00
MISSOURI RX PLAN FUND	47,800	0.00	57,800	0.00	57,800	0.00	57,800	0.00
TOTAL - EE	5,723,511	0.00	5,865,174	0.00	5,865,174	0.00	5,790,174	0.00
PROGRAM-SPECIFIC								
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	61,030	0.00	1,030	0.00	1,030	0.00
TOTAL - PD	0	0.00	61,030	0.00	1,030	0.00	1,030	0.00
TOTAL	15,385,185	252.06	16,352,280	263.11	16,292,280	263.11	16,069,221	259.11
GENERAL STRUCTURE ADJUSTMENT - 0000012								
PERSONAL SERVICES								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	114,341	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	0	0.00	145,280	0.00
THIRD PARTY LIABILITY COLLECT	0	0.00	0	0.00	0	0.00	11,178	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	0	0.00	4,111	0.00
NURSING FAC QUALITY OF CARE	0	0.00	0	0.00	0	0.00	2,417	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
GENERAL STRUCTURE ADJUSTMENT - 0000012								
PERSONAL SERVICES								
HEALTH INITIATIVES	0	0.00	0	0.00	0	0.00	9,113	0.00
MISSOURI RX PLAN FUND	0	0.00	0	0.00	0	0.00	21,904	0.00
TOTAL - PS	0	0.00	0	0.00	0	0.00	308,344	0.00
TOTAL	0	0.00	0	0.00	0	0.00	308,344	0.00
Program Integrity Initiatives - 1886049								
PERSONAL SERVICES								
GENERAL REVENUE	0	0.00	0	0.00	92,484	2.00	92,484	2.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	92,484	2.00	92,484	2.00
TOTAL - PS	0	0.00	0	0.00	184,968	4.00	184,968	4.00
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	65,535	0.00	65,535	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	65,535	0.00	65,535	0.00
TOTAL - EE	0	0.00	0	0.00	131,070	0.00	131,070	0.00
TOTAL	0	0.00	0	0.00	316,038	4.00	316,038	4.00
St. Louis Regional Care Coord - 1886046								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	200,000	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	200,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	400,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	400,000	0.00	0	0.00
GRAND TOTAL	\$15,385,185	252.06	\$16,352,280	263.11	\$17,008,318	267.11	\$16,693,603	263.11

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Administration

Budget Unit: 90512C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS	3,440,359	5,492,533	1,493,184	10,426,076
EE	1,243,723	4,026,422	595,029	5,865,174
PSD		1,030		1,030
TRF				
Total	4,684,082	9,519,985	2,088,213	16,292,280
FTE	85.03	136.49	41.59	263.11

Est. Fringe	1,623,161	2,591,377	704,484	4,919,023
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Nursing Facility Quality of Care Fund (NFQC) (0271)
Third Party Liability Collections Fund (TPL) (0120)
MO Rx Plan Fund (0779)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS	3,347,463	5,418,504	1,512,050	10,278,017
EE	1,206,223	3,988,922	595,029	5,790,174
PSD		1,030		1,030
TRF				
Total	4,553,686	9,408,456	2,107,079	16,069,221
FTE	83.03	134.49	41.59	259.11

Est. Fringe	1,579,333	2,556,450	713,385	4,849,168
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Nursing Facility Quality of Care Fund (NFQC) (0271)
Third Party Liability Collections Fund (TPL) (0120)
MO Rx Plan Fund (0779)

2. CORE DESCRIPTION

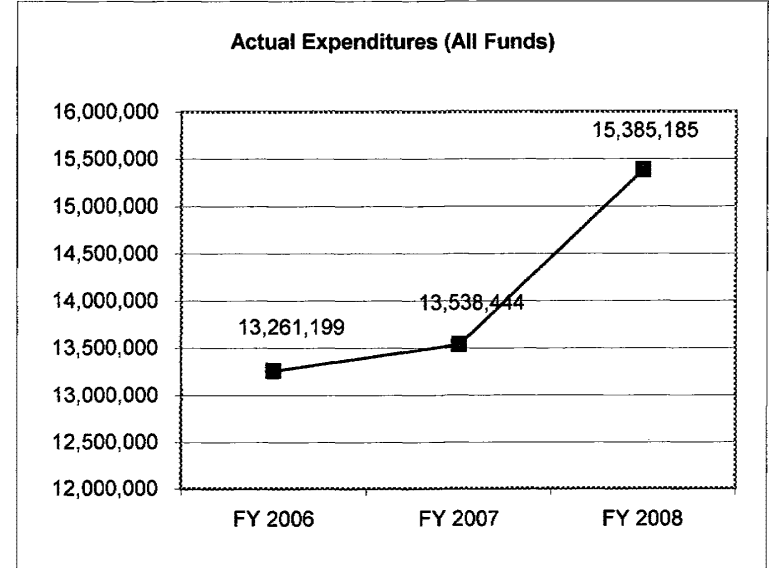
This core request is for the continued operation of the MO HealthNet program. The MO HealthNet Division seeks to aid participants and providers in their efforts to access the MO HealthNet program by utilizing administrative staffing, expense and equipment and contractor resources effectively.

3. PROGRAM LISTING (list programs included in this core funding)

MO Healthnet Division Administration

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	13,419,156	14,476,869	15,933,157	16,352,280
Less Reverted (All Funds)	(14,418)	(124,882)	(131,956)	N/A
Budget Authority (All Funds)	13,404,738	14,351,987	15,801,201	N/A
Actual Expenditures (All Funds)	13,261,199	13,538,444	15,385,185	N/A
Unexpended (All Funds)	143,539	813,543	416,016	N/A
Unexpended, by Fund:				
General Revenue	50,330	14,184	17,404	N/A
Federal	89,909	667,991	89,195	N/A
Other	3,300	131,368	309,417	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$621,701 in federal funds: \$290,000 in PS and \$331,701 in E & E

(2) Agency reserve of \$65,800: federal funds \$40,000 in PS and \$10,800 in E & E; MO Rx Plan funds \$5,000 in PS and \$10,000 in E & E

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PS	263.11	3,421,493	5,492,533	1,512,050	10,426,076	
			EE	0.00	1,238,613	4,026,422	600,139	5,865,174	
			PD	0.00	0	61,030	0	61,030	
			Total	263.11	4,660,106	9,579,985	2,112,189	16,352,280	
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	377 0215		EE	0.00	0	60,000	0	60,000	
Core Reallocation	377 0215		PD	0.00	0	(60,000)	0	(60,000)	
Core Reallocation	1472 0215		EE	0.00	0	(60,000)	0	(60,000)	Transfer funding for contracted hospital-based caseworkers to Income Maintenance Field Staff & Ops.
Core Reallocation	1511 1387		PS	0.50	0	0	18,866	18,866	Core swap Pharmacy Rebates for GR budgeted in the Pharmacy section.
Core Reallocation	1511 2382		PS	(0.50)	0	0	(18,866)	(18,866)	Core swap Pharmacy Rebates for GR budgeted in the Pharmacy section.
Core Reallocation	1511 6377		EE	0.00	5,110	0	0	5,110	Core swap Pharmacy Rebates for GR budgeted in the Pharmacy section.
Core Reallocation	1511 2383		EE	0.00	0	0	(5,110)	(5,110)	Core swap Pharmacy Rebates for GR budgeted in the Pharmacy section.
NET DEPARTMENT CHANGES				0.00	5,110	(60,000)	(5,110)	(60,000)	
DEPARTMENT CORE REQUEST									
			PS	263.11	3,421,493	5,492,533	1,512,050	10,426,076	
			EE	0.00	1,243,723	4,026,422	595,029	5,865,174	
			PD	0.00	0	1,030	0	1,030	
			Total	263.11	4,665,216	9,519,985	2,107,079	16,292,280	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	2476 6376	PS	(2.00)	(74,030)	0	0	(74,030)	
Core Reduction	2476 6378	PS	(2.00)	0	(74,029)	0	(74,029)	
Core Reduction	2483 0215	EE	0.00	0	(37,500)	0	(37,500)	
Core Reduction	2483 6377	EE	0.00	(37,500)	0	0	(37,500)	
NET GOVERNOR CHANGES			(4.00)	(111,530)	(111,529)	0	(223,059)	
GOVERNOR'S RECOMMENDED CORE								
		PS	259.11	3,347,463	5,418,504	1,512,050	10,278,017	
		EE	0.00	1,206,223	3,988,922	595,029	5,790,174	
		PD	0.00	0	1,030	0	1,030	
Total			259.11	4,553,686	9,408,456	2,107,079	16,069,221	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90512C	DEPARTMENT: Social Services
BUDGET UNIT NAME: MO HealthNet Administration	DIVISION: MO HealthNet

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Section	PS or E&E	Core	% Flex Requested	Flex Requested Amount
	PS	\$10,426,076	25%	\$2,606,519
	E&E	\$5,866,204	25%	\$1,466,551
<i>Total Request</i>		\$16,292,280		\$4,073,070

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None	House Bill 11.400 language allows for up to 25% flexibility between personal service and equipment and expense. MO HealthNet does not have an estimate of the amount of flexibility that might be used in FY10.	25% flexibility is being requested for FY10. MO HealthNet does not have an estimate of the amount of flexibility that might be used if approved.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
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No flexibility was used.

Flexibility allows MO HealthNet to explore avenues of service delivery that may provide the same or increased services with greater efficiency. Flexibility opens doors to analyzing current operations and seeking effective and cost-efficient means of providing services.

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
OFFICE SUPPORT ASST (CLERICAL)	45,437	1.99	64,440	2.50	64,440	2.50	64,440	2.50
SR OFC SUPPORT ASST (CLERICAL)	23,827	1.00	0	0.00	0	0.00	0	0.00
ADMIN OFFICE SUPPORT ASSISTANT	172,586	6.60	187,547	7.00	187,547	7.00	187,547	7.00
OFFICE SUPPORT ASST (KEYBRD)	106,095	4.81	151,934	6.01	151,934	6.01	151,934	6.01
SR OFC SUPPORT ASST (KEYBRD)	367,069	15.47	440,380	17.87	440,380	17.87	416,519	16.87
ACCOUNT CLERK II	128,838	5.35	154,565	6.00	154,565	6.00	154,565	6.00
AUDITOR II	93,532	2.69	224,449	7.24	214,386	7.24	214,386	7.24
AUDITOR I	70,378	2.20	0	0.00	0	0.00	0	0.00
SENIOR AUDITOR	225,683	5.65	255,897	6.00	232,897	6.00	232,897	6.00
ACCOUNTANT I	57,865	2.00	60,100	2.01	60,100	2.01	60,100	2.01
ACCOUNTANT III	157,862	3.88	176,126	4.00	172,126	4.00	172,126	4.00
PERSONNEL OFCR I	38,988	1.00	40,212	1.00	40,212	1.00	40,212	1.00
EXECUTIVE II	31,096	0.95	37,878	1.00	37,878	1.00	37,878	1.00
MANAGEMENT ANALYSIS SPEC II	265,501	6.00	274,114	6.00	274,014	6.00	274,014	6.00
HEALTH PROGRAM REP III	43,679	1.02	44,265	1.00	44,265	1.00	44,265	1.00
PERSONNEL CLERK	0	0.00	29,579	1.00	28,886	1.00	28,886	1.00
PHYSICIAN	106,202	1.00	109,522	1.00	109,522	1.00	109,522	1.00
REGISTERED NURSE III	87,470	2.00	94,409	2.00	90,409	2.00	90,409	2.00
REGISTERED NURSE IV	199,862	3.88	211,506	4.00	208,506	4.00	208,506	4.00
REGISTERED NURSE V	59,747	1.00	61,723	1.00	61,723	1.00	61,723	1.00
PHARMACEUTICAL CNSLT	0	0.00	294,396	2.00	418,484	3.00	418,484	3.00
PROGRAM DEVELOPMENT SPEC	394,363	9.93	414,824	10.00	413,625	10.00	413,625	10.00
MEDICAID PROGRAM RELATIONS REP	120,754	3.00	134,105	3.00	125,105	3.00	125,105	3.00
CORRESPONDENCE & INFO SPEC I	866,446	25.28	749,427	21.58	896,541	26.58	896,541	26.58
MEDICAID PHARMACEUTICAL TECH	221,067	7.17	450,836	13.00	224,174	7.00	224,174	7.00
MEDICAID CLERK	389,287	14.38	406,777	14.57	406,739	14.57	406,739	14.57
MEDICAID TECHNICIAN	1,005,460	32.71	1,053,285	33.36	1,014,866	32.36	983,680	31.36
MEDICAID SPEC	1,426,205	38.34	1,529,381	40.00	1,497,066	40.00	1,497,066	40.00
MEDICAID UNIT SPV	637,528	14.56	640,733	14.00	677,758	15.00	634,414	14.00
FISCAL & ADMINISTRATIVE MGR B1	138,133	2.97	149,512	3.00	136,512	3.00	136,512	3.00
FISCAL & ADMINISTRATIVE MGR B2	177,565	2.98	184,374	3.00	184,374	3.00	184,374	3.00
RESEARCH MANAGER B1	51,681	1.00	53,291	1.00	53,291	1.00	53,291	1.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
SOCIAL SERVICES MGR, BAND 1	61,677	1.19	53,291	1.00	108,291	2.00	108,291	2.00
SOCIAL SERVICES MNGR, BAND 2	529,239	9.95	693,948	12.02	638,948	11.02	589,280	10.02
DESIGNATED PRINCIPAL ASST DEPT	52,454	0.61	0	0.00	0	0.00	0	0.00
DIVISION DIRECTOR	54,166	0.33	97,313	1.00	167,376	1.00	167,376	1.00
DEPUTY DIVISION DIRECTOR	254,669	2.16	82,102	1.00	82,102	1.00	82,102	1.00
DESIGNATED PRINCIPAL ASST DIV	86,002	1.14	246,039	3.00	237,039	3.00	237,039	3.00
LEGAL COUNSEL	69,396	1.00	71,562	1.00	71,562	1.00	71,562	1.00
CLERK	32,953	1.62	0	0.00	0	0.00	0	0.00
TYPIST	24,568	1.25	0	0.00	0	0.00	0	0.00
OFFICE WORKER MISCELLANEOUS	2,083	0.11	0	0.00	0	0.00	0	0.00
ACCOUNT CLERK	962	0.04	0	0.00	0	0.00	0	0.00
ACCOUNTANT	0	0.00	3,801	0.00	0	0.00	0	0.00
MISCELLANEOUS TECHNICAL	43,388	1.46	0	0.00	0	0.00	0	0.00
MISCELLANEOUS PROFESSIONAL	2,940	0.03	0	0.00	0	0.00	0	0.00
MISCELLANEOUS ADMINISTRATIVE	18,507	0.17	0	0.00	0	0.00	0	0.00
SPECIAL ASST OFFICIAL & ADMSTR	95,432	0.66	0	0.00	0	0.00	0	0.00
SPECIAL ASST PROFESSIONAL	546,770	7.50	418,792	6.95	418,792	6.95	418,792	6.95
SPECIAL ASST OFFICE & CLERICAL	76,262	2.03	79,641	2.00	79,641	2.00	79,641	2.00
TOTAL - PS	9,661,674	252.06	10,426,076	263.11	10,426,076	263.11	10,278,017	259.11
TRAVEL, IN-STATE	19,272	0.00	55,802	0.00	40,802	0.00	40,802	0.00
TRAVEL, OUT-OF-STATE	13,868	0.00	8,914	0.00	8,914	0.00	8,914	0.00
SUPPLIES	1,036,634	0.00	541,423	0.00	556,423	0.00	556,423	0.00
PROFESSIONAL DEVELOPMENT	24,700	0.00	13,603	0.00	13,603	0.00	13,603	0.00
COMMUNICATION SERV & SUPP	166,817	0.00	155,392	0.00	155,392	0.00	155,392	0.00
PROFESSIONAL SERVICES	4,147,573	0.00	4,990,517	0.00	4,990,517	0.00	4,915,517	0.00
M&R SERVICES	36,856	0.00	52,507	0.00	40,328	0.00	40,328	0.00
OFFICE EQUIPMENT	4,648	0.00	13,965	0.00	13,965	0.00	13,965	0.00
OTHER EQUIPMENT	8,606	0.00	1,000	0.00	1,000	0.00	1,000	0.00
PROPERTY & IMPROVEMENTS	3,489	0.00	0	0.00	0	0.00	0	0.00
REAL PROPERTY RENTALS & LEASES	6,098	0.00	1,930	0.00	1,930	0.00	1,930	0.00
EQUIPMENT RENTALS & LEASES	100	0.00	121	0.00	121	0.00	121	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
CORE								
MISCELLANEOUS EXPENSES	254,850	0.00	30,000	0.00	42,179	0.00	42,179	0.00
TOTAL - EE	5,723,511	0.00	5,865,174	0.00	5,865,174	0.00	5,790,174	0.00
PROGRAM DISTRIBUTIONS	0	0.00	61,030	0.00	1,030	0.00	1,030	0.00
TOTAL - PD	0	0.00	61,030	0.00	1,030	0.00	1,030	0.00
GRAND TOTAL	\$15,385,185	252.06	\$16,352,280	263.11	\$16,292,280	263.11	\$16,069,221	259.11
GENERAL REVENUE	\$4,320,675	83.89	\$4,660,106	85.03	\$4,665,216	85.03	\$4,553,686	83.03
FEDERAL FUNDS	\$9,211,024	138.75	\$9,579,985	136.49	\$9,519,985	136.49	\$9,408,456	134.49
OTHER FUNDS	\$1,853,486	29.42	\$2,112,189	41.59	\$2,107,079	41.59	\$2,107,079	41.59

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MO HealthNet Administration

Program is found in the following core budget(s): MO HealthNet Administration

1. What does this program do?

PROGRAM SYNOPSIS: These staff administer the MO HealthNet/Managed Care program. This appropriation funds administrative staffing, expense and equipment and contractor resources.

In order to efficiently operate the \$5.8 billion MO HealthNet program, the MO HealthNet Division effectively utilizes its staff of 263.11 FTE. Without these staff and expense and equipment resources, the MO HealthNet program would not function. The staff running the MO HealthNet program account for less than .5% of total state employees while the MO HealthNet program comprises almost 26% of the total FY 2009 state operating budget of \$22.4 billion. The Administrative portion of the budget (Personal Services and Expense and Equipment) comprises less than 0.3% of the division's total budget. As of June 2008, there were a total of 831,939 participants enrolled in MO HealthNet for a ratio of 3,115 clients per FTE. Participants and providers benefit from the assistance of the Mo HealthNet Divisions' staff.

Administrative expenditures for the division consist of Personal Services and Expense and Equipment. These expenditures are driven by the operational demands of the Title XIX program and a number of state-only programs. At the present time, the division operates both a fee-for-service program and a managed care program. As of June 2008, there are 398,274 participants eligible for capitated managed care in the Eastern, Central and Western regions of the state. At the same time, fee-for-service programs with 433,665 MO HealthNet participants are being operated for those not in managed care. Administrative expenditures also include payment to contractors for professional services comprising about 72% of the administrative Expense & Equipment expenditures. Examples of professional services include consulting contracts with health care professionals to conduct utilization claim reviews to determine medical necessity of services. Other examples of contracted services include actuarial services and services of an external quality reviewer as required by federal law.

The remaining 28% of administrative Expense and Equipment expenditures goes for support to MO HealthNet employees for such needs as travel, supplies, and equipment. MO HealthNet administration is tightly managed with a primary focus of ensuring that expenditures go to the benefit of the program of ensuring participants receive needed services. Included in that goal is protecting against waste, fraud and abuse of program dollars.

Personal Services

The Division is structured into three major sections: (1) Finance (2) Operations and (3) Clinical Services. The Finance section incorporates the newest and best technology to accurately and efficiently pay providers in a paperless environment. Technology provides a robust reporting function that is a critical part of the management responsibilities of the agency. The Budget, Financial Services, Institutional Reimbursement and Office Services comprise the Finance section. The Operations section is comprised of the Program Integrity and Cost Recovery, Program Management, and Information Services units.

Program development and policy decisions will come from the Clinical Services section, allowing for policy decisions and processes to be oriented to the health and continuum of care needed by participants. Pharmacy enhancement, exceptions, pharmacy rebate, MoRx plan, psychology program and clinical program development encompass Clinical Services.

A brief description of the agency's structure follows:

The Administrative Section, which includes the Office of the Director, Deputy Division Directors and Legal Counsel, provides executive management support for the division. The section consists of 10 FTE.

(1) The Finance Section has a total of 38 FTE, and includes the following:

- The Budget, Financial Services, Institutional Reimbursement and Office Services sections perform rate setting for institutions and managed care, accounting functions, auditing, premium collections, budgeting and office services.

(2) The Operations Section has a total of 151 FTE, and includes the following:

- The Program Management Section has the dual responsibility of coordinating service delivery for participants under both the managed care and fee-for-service programs. In addition, provider relations and participant services are responsibilities of this section. A total of 58 FTE are assigned to the section's functions.

- The Information Services Section is responsible for all management information system functions. Provider enrollment is also a responsibility of this section. There are a total of 24 FTE in the section.

- The Program Integrity and Cost Recovery Section has responsibility for Program Integrity, Third Party Liability, and Medicare Buy-In. There are a total of 69 FTE in the section.

(3) The Clinical Services Section has a total of 64 FTE, and includes the following:

- The Pharmacy Section is responsible for the management of quality assessment, exceptions, rebates and program operations for pharmacy services under both the managed care and fee-for-service programs. There are 45 FTE designated to perform these duties.

- The Clinical Program Development and the Psychology Program is responsible for program development and policy decisions based on clinical criteria. There are 17 FTE in the section.

- The Missouri Rx Plan Section is responsible for coordinating pharmaceutical benefits between the Missouri Rx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles and other elderly and disabled Missourians below 200% of FPL. There are 2 FTE in the section.

Expense and Equipment

The other major category in the Administration Core besides Personal Services is Expense and Equipment (E&E). In the FY 2009 core, it comprises 36% of the total Administration Core of \$16.3 million, or approximately \$5.9 million. Contracts for professional services total \$4.1 million of the division's Expense and Equipment (E&E).

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

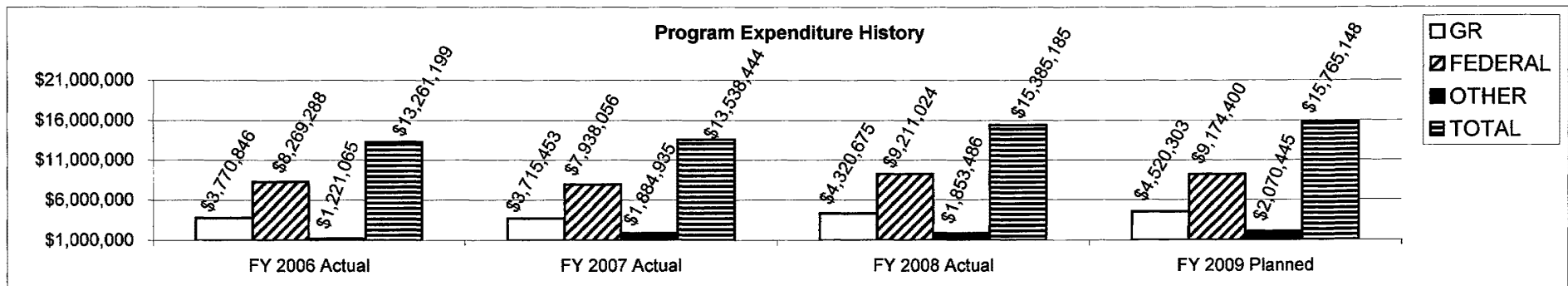
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the MO HealthNet State Plan.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



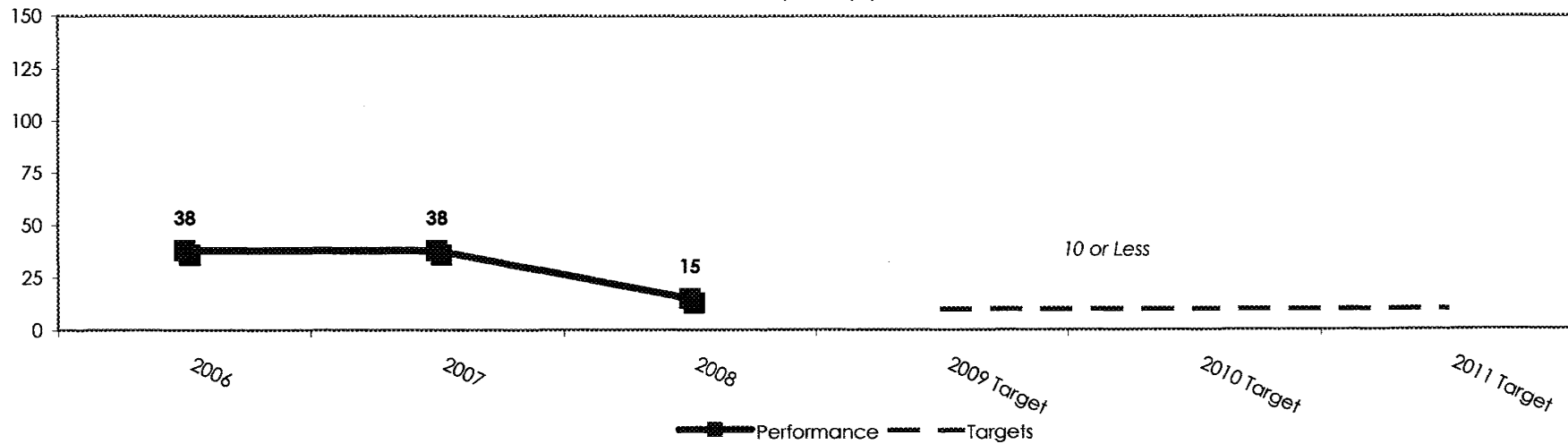
6. What are the sources of the "Other" funds?

Pharmacy Rebates Fund (0114), Third Party Liability Collections Fund (0120), Nursing Facility Quality of Care Fund (0271), Health Initiatives Fund (0275), Pharmacy Reimbursement Allowance Fund (0144) and Missouri Rx Plan Fund (0779).

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

Maintain MO HealthNet Provider Enrollment Application Backlog
(in Days)



7c. Provide the number of clients/individuals served, if applicable.

MO HealthNet Participants		
SFY	Actual	Projected
2006	894,220	
2007	825,899	
2008	829,577	830,028
2009		833,044
2010		836,626
2011		840,223

7d. Provide a customer satisfaction measure, if available.

NEW DECISION ITEM

RANK: 27

Department: Social Services
 Division: MO HealthNet
 DI Name: Program Integrity Initiatives

Budget Unit: 90512C

DI#: 1886049

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS	92,484	92,484		184,968
EE	65,535	65,535		131,070
PSD				
TRF				
Total	158,019	158,019		316,038
FTE	2.00	2.00		4.00

Est. Fringe	43,634	43,635	0	87,268
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS	92,484	92,484		184,968
EE	65,535	65,535		131,070
PSD				
TRF				
Total	158,019	158,019		316,038
FTE	2.00	2.00		4.00

Est. Fringe	43,634	43,634	0	87,268
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: New Staff (Program Integrity expansion)	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is requested for four new positions within the Program Integrity Unit to increase the capabilities of the unit to detect and eliminate waste, fraud and abuse in the MO HealthNet Program and to comply with federal mandates.

Program Integrity must both expand and professionalize in order to detect and recover certain incorrect and/or abusive claims filed by providers. Under current staffing levels, Program Integrity only has the capability to review - even perfunctorily - 11% of all MO HealthNet providers per year. By authorizing funding for these four positions, Program Integrity will be able to review 16% of the provider community and increase its recoveries by approximately \$1,600,000 annually. The Federal Authority is Social Security Act Section 1902(a), and the Federal Regulations are 42 CFR, Part 456.1 through 456.23. The State Authority is 208.164 and 208.201.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Program Integrity has advanced computer systems and trained staff to review records, correspond with federal oversight agencies, and review the utilization of service by participants, but it does not have the professionally trained staff to detect certain complex payment schemes or conduct field investigations - both necessary for the detection of waste, fraud and abuse in MO HealthNet. The request is for four new staff, consisting of two new auditors and two new investigators. The annual salary (mid-range) for an Auditor II is \$43,554; the annual salary for an Auditor III is \$54,246. The Auditor II and III positions are necessary (as opposed to Auditor I) due to the level of independence required by these positions in conducting field audits and reviews, and the level of complexity of the records reviewed. The annual salary (mid-range) for an Investigator II is \$41,874; the annual salary for an Investigator III is \$45,294. Investigator II and III positions are necessary due to the level of independence required by field investigations and the complexity of detecting fraud and abuse schemes by providers. An additional \$100,000 is included for for travel and training expenses - necessary for conducting field audits and investigations.

	Total	GR	Federal
Total	\$316,038	\$158,019	\$158,019

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

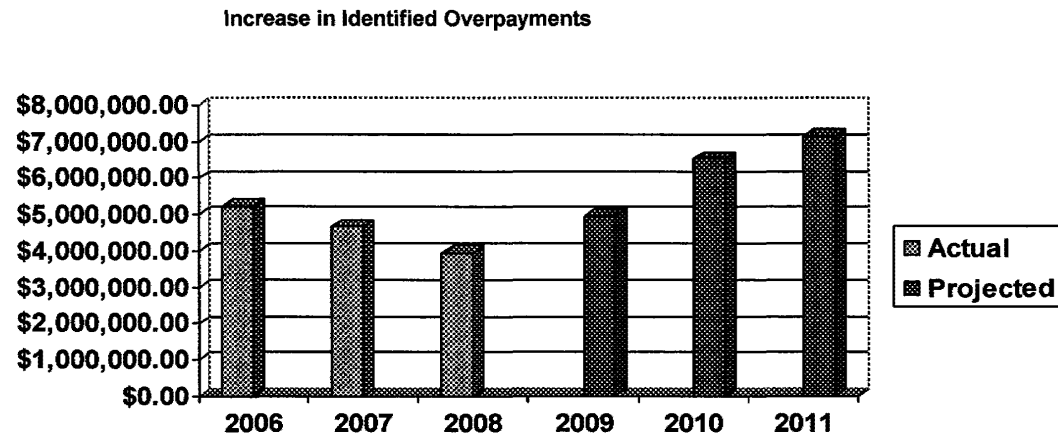
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Salaries/Wages (Auditor II) (100)	21,777	0.5	21,777	0.5			43,554	1	
Salaries/Wages (Auditor III) (100)	27,123	0.5	27,123	0.5			54,246	1	
Salaries/Wages (Investigator II) (100)	20,937	0.5	20,937	0.5			41,874	1	
Salaries/Wages (Investigator III) (100)	22,647	0.5	22,647	0.5			45,294	1	
Total PS	92,484	2.00	92,484	2.00	0	0	184,968	4.00	0
Travel (140)	42,500		42,500				85,000		
Training (320)	7,500		7,500				15,000		
Office Equipment (580)	10,158		10,158				20,316		20,316
Computer Equipment (Auditors) (480)	764		764				1,528		1,528
Computer Equipment (Investigators)(480)	1,819		1,819				3,638		3,638
Communications Equipment (340)	970		970				1,940		1,940
Supplies (190)	636		636				1,272		
Trash/Utilities (180)	1,188		1,188				2,376		
Total EE	65,535		65,535		0		131,070		27,422
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	158,019	2.0	158,019	2.0	0	0.0	316,038	4.0	27,422

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

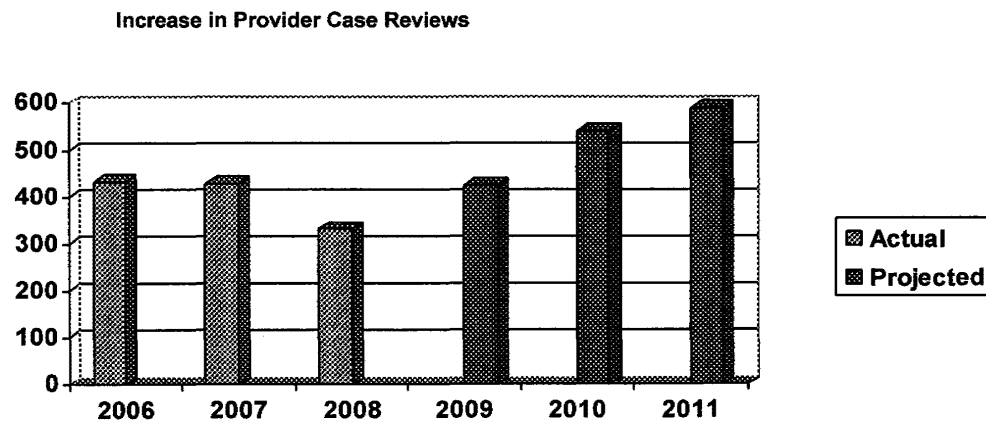
Budget Object Class/Job Class	Gov Rec	Gov Rec		Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec
	GR	GR	FTE	FED	FED	OTHER	OTHER	TOTAL	TOTAL
	DOLLARS			DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE
									One-Time
									DOLLARS
Salaries/Wages (Auditor II) (100)	21,777		0.5	21,777	0.5			43,554	1
Salaries/Wages (Auditor III) (100)	27,123		0.5	27,123	0.5			54,246	1
Salaries/Wages (Investigator II) (100)	20,937		0.5	20,937	0.5			41,874	1
Salaries/Wages (Investigator III) (100)	22,647		0.5	22,647	0.5			45,294	1
Total PS	92,484		2.0	92,484	2.0	0	0.0	184,968	4.0
									0
Travel (140)	42,500			42,500				85,000	
Training (320)	7,500			7,500				15,000	
Office Equipment (580)	10,158			10,158				20,316	20,316
Computer Equipment (Auditors) (480)	764			764				1,528	1,528
Computer Equipment (Investigators)(480)	1,819			1,819				3,638	3,638
Communications Equipment (340)	970			970				1,940	1,940
Supplies (190)	636			636				1,272	
Trash/Utilities (180)	1,188			1,188				2,376	
Total EE	65,535			65,535		0		131,070	27,422
Program Distributions									
Total PSD	0			0		0		0	0
Transfers									
Total TRF	0			0		0		0	0
Grand Total	158,019		2.0	158,019	2.0	0	0.0	316,038	4.0
									27,422

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.



6b. Provide an efficiency measure.



6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- Continue to utilize Program Integrity's information systems to detect waste, fraud and abuse.
- Coordinate field audits with DHSS and Medicare auditors and reviewers.
- Restructure Program Integrity to include an Investigations Unit to streamline the detection of incorrect and inappropriate billings.
- Increase the number of field audits to increase recoveries, and minimize falsification of documents by unscrupulous providers.
- Increase the total number of providers reviewed (from 11% to 16%) to increase the detection of incorrect and inappropriate billings.

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
Program Integrity Initiatives - 1886049								
AUDITOR II	0	0.00	0	0.00	43,554	1.00	43,554	1.00
AUDITOR III	0	0.00	0	0.00	54,246	1.00	54,246	1.00
INVESTIGATOR II	0	0.00	0	0.00	41,874	1.00	41,874	1.00
INVESTIGATOR III	0	0.00	0	0.00	45,294	1.00	45,294	1.00
TOTAL - PS	0	0.00	0	0.00	184,968	4.00	184,968	4.00
TRAVEL, IN-STATE	0	0.00	0	0.00	85,000	0.00	85,000	0.00
FUEL & UTILITIES	0	0.00	0	0.00	2,376	0.00	2,376	0.00
SUPPLIES	0	0.00	0	0.00	1,272	0.00	1,272	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	0	0.00	15,000	0.00	15,000	0.00
COMMUNICATION SERV & SUPP	0	0.00	0	0.00	1,940	0.00	1,940	0.00
COMPUTER EQUIPMENT	0	0.00	0	0.00	5,166	0.00	5,166	0.00
OFFICE EQUIPMENT	0	0.00	0	0.00	20,316	0.00	20,316	0.00
TOTAL - EE	0	0.00	0	0.00	131,070	0.00	131,070	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$316,038	4.00	\$316,038	4.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$158,019	2.00	\$158,019	2.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$158,019	2.00	\$158,019	2.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 47**

Department: Social Services
Division: MO HealthNet
**DI Name: St. Louis Regional Care Coordination/
 Emergency Department Diversion**

Budget Unit: 90516C

DI#: 1886046

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	200,000	200,000		400,000
PSD				
TRF				
Total	200,000	200,000		400,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	0	0		0
PSD				
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is requested for the St. Louis Regional Network Master Patient Index (NMPI).

The NMPI will enable health care providers to deliver and coordinate care for the Medicaid and uninsured population more effectively through the sharing of agreed-upon electronic patient data elements to improve primary care referral patterns, identify medical homes, avoid service and clinical duplication, reduce medical error, streamline administrative processes, and provide clinicians the information they need at the point of care to better deliver and coordinate care to the Medicaid and uninsured populations in the region.

Many patients in St. Louis who are MO HealthNet participants or lack a medical home rely on hospital emergency department services as a regular source of care. Although emergency departments are not a preferred source of primary or preventive care services, patients who struggle to navigate the St. Louis health care system often use local emergency departments for non-emergent medical conditions.

In its 2007 Access to Care report, the St. Louis Regional Health Commission estimates that approximately 72,525 non-emergent visits were made to emergency departments by MO HealthNet participants in the St. Louis region in FY06. This amount represents approximately 45% of all visits to emergency departments by MO HealthNet participants in the region.

The NMPI will improve patient care by enabling:

- ♦Exchange of clinical information – lab results, medication orders, dictated clinical notes (operative reports, history and physical reports, progress notes, radiology reports).
- ♦Identification of non-emergent MO HealthNet and uninsured emergency department patients without an identified primary care physician – these patients will be connected with a comprehensive medical home for appropriate health care services.
- ♦Patient matching across member organizations while maintaining data security for each member.
- ♦Use of messaging system to facilitate communication between emergency department physicians, care coordinators, primary care physicians/staff, and specialists (consults, referrals, notifications, etc.).
- ♦Aggregation of admission/discharge/transfer and encounter information across member organizations for each MO HealthNet and uninsured patient.

The St. Louis Regional Health Commission (RHC) and the St. Louis Integrated Health Network (IHN) have completed the initial assessment stages and a rigorous vendor selection process. The system that is being implemented was created by Vanderbilt University and has been successfully deployed across the Memphis community since 2006.

There is a one-time implementation cost for the NMPI of \$2,164,124. To date, approximately \$1,540,720 has been raised to support one-time implementation from a federal grant from the Centers for Medicare and Medicaid Services (CMS), and the local Federally Qualified Health Centers (FQHCs) have designated \$250,000 of State funding received for community health center IT projects to this collaborative effort.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

It is estimated that there will be an on-going cost of \$800,000 annually to support the NMPI. To support ongoing operational costs, St. Louis County and St. Louis City have pledged \$400,000 in annual funding commitments. Therefore, the remaining need to support on-going costs is \$400,000 annually. Without this additional funding, the community will not be able to implement the NMPI solution, and the investments currently committed by other partners may be at risk.

	Total	GR	Federal
Total	\$400,000	\$200,000	\$200,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
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Professional Services (400)	200,000		200,000				400,000		0
Total EE	200,000		200,000		0		400,000		0

Program Distributions									
Total PSD	0		0		0		0		0

Transfers									
Total TRF	0		0		0		0		0

Grand Total	200,000	0.0	200,000	0.0	0	0.0	400,000	0.0	0
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5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
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Professional Services (400)	0		0				0		0
Total EE	0		0		0		0		0

Program Distributions									
Total PSD	0		0		0		0		0

Transfers									
Total TRF	0		0		0		0		0

Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0
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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Hospital Services		
SFY	Actual	Projected
2006	101,917	104,941
2007	107,049	105,387
2008	96,140	111,215
2009		97,101
2010		98,072
2011		99,053

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HEALTHNET ADMIN								
St. Louis Regional Care Coord - 1886046								
PROFESSIONAL SERVICES	0	0.00	0	0.00	400,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	400,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$400,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$200,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$200,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HEALTHCARE TECHNOLOGY								
CORE								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	1,885,000	0.00	0	0.00	2,500,000	0.00	2,500,000	0.00
HEALTH CARE TECHNOLOGY FUND	2,635,000	0.00	500,000	0.00	3,000,000	0.00	3,000,000	0.00
TOTAL - EE	4,520,000	0.00	500,000	0.00	5,500,000	0.00	5,500,000	0.00
PROGRAM-SPECIFIC								
DEPT OF SOC SERV FEDERAL & OTH	200,000	0.00	2,500,000	0.00	0	0.00	0	0.00
HEALTH CARE TECHNOLOGY FUND	200,000	0.00	5,000,000	0.00	0	0.00	0	0.00
TOTAL - PD	400,000	0.00	7,500,000	0.00	0	0.00	0	0.00
TOTAL	4,920,000	0.00	8,000,000	0.00	5,500,000	0.00	5,500,000	0.00
Replace Health Care Tech Fund - 1886013								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	2,500,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	2,500,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,500,000	0.00	0	0.00
GRAND TOTAL	\$4,920,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$5,500,000	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Care Technology

Budget Unit: 90518C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE		2,500,000	3,000,000	5,500,000
PSD				
TRF				
Total		2,500,000	3,000,000	5,500,000
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Healthcare Technology Fund (0170)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE		2,500,000	3,000,000	5,500,000
PSD				
TRF				
Total		2,500,000	3,000,000	5,500,000
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Healthcare Technology Fund (0170)

2. CORE DESCRIPTION

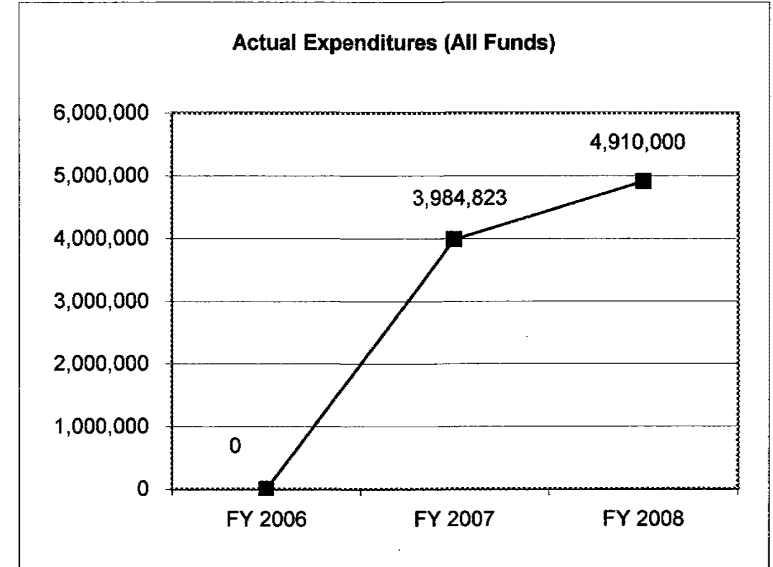
This core request is for the continued funding of health care technology to be used to improve health care delivery efficiency.

3. PROGRAM LISTING (list programs included in this core funding)

Healthcare Technology

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	9,550,000	8,250,000	8,000,000
Less Reverted (All Funds)	0	0	(58,582)	N/A
Budget Authority (All Funds)	0	9,550,000	8,191,418	N/A
Actual Expenditures (All Funds)	0	3,984,823	4,910,000	N/A
Unexpended (All Funds)	0	5,565,177	3,281,418	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	2,713,726	290,000	N/A
Other	0	2,851,451	2,991,418	N/A



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
HEALTHCARE TECHNOLOGY

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			EE	0.00	0	0	500,000	500,000	
			PD	0.00	0	2,500,000	5,000,000	7,500,000	
			Total	0.00	0	2,500,000	5,500,000	8,000,000	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1473	2910	EE	0.00	0	0	(2,500,000)	(2,500,000)	Core cut one-time Health Care Technology fund source. Corresponding GR NDI.
Core Reallocation	378	2910	EE	0.00	0	0	5,000,000	5,000,000	
Core Reallocation	378	2911	EE	0.00	0	2,500,000	0	2,500,000	
Core Reallocation	378	2910	PD	0.00	0	0	(5,000,000)	(5,000,000)	
Core Reallocation	378	2911	PD	0.00	0	(2,500,000)	0	(2,500,000)	
NET DEPARTMENT CHANGES				0.00	0	0	(2,500,000)	(2,500,000)	
DEPARTMENT CORE REQUEST									
			EE	0.00	0	2,500,000	3,000,000	5,500,000	
			PD	0.00	0	0	0	0	
			Total	0.00	0	2,500,000	3,000,000	5,500,000	
GOVERNOR'S RECOMMENDED CORE									
			EE	0.00	0	2,500,000	3,000,000	5,500,000	
			PD	0.00	0	0	0	0	
			Total	0.00	0	2,500,000	3,000,000	5,500,000	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HEALTHCARE TECHNOLOGY								
CORE								
PROFESSIONAL SERVICES	4,520,000	0.00	500,000	0.00	5,500,000	0.00	5,500,000	0.00
TOTAL - EE	4,520,000	0.00	500,000	0.00	5,500,000	0.00	5,500,000	0.00
PROGRAM DISTRIBUTIONS	400,000	0.00	7,500,000	0.00	0	0.00	0	0.00
TOTAL - PD	400,000	0.00	7,500,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$4,920,000	0.00	\$8,000,000	0.00	\$5,500,000	0.00	\$5,500,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$2,085,000	0.00	\$2,500,000	0.00	\$2,500,000	0.00	\$2,500,000	0.00
OTHER FUNDS	\$2,835,000	0.00	\$5,500,000	0.00	\$3,000,000	0.00	\$3,000,000	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: HealthCare Technology

Program is found in the following core budget(s): HealthCare Technology

1. What does this program do?

PROGRAM SYNOPSIS: This program uses technology to improve the delivery of care, reduce administrative burdens and reduce waste fraud and abuse.

Funding is used to implement the provisions of SB577 (2007), such as expansion and increased use of technology in healthcare including electronic health records, community health records, personal health records and e-prescribing. Electronic health records (EHRs) are an important tool in healthcare that assist in providing safe, effective healthcare to patients. Funding also supports initiatives to achieve electronic health record interoperability, consistent with Executive Order 07-12; continued development of a statewide electronic health record; and integration of assessment and authorization processes for home and community based services with other MO HealthNet programs.

The MO HealthNet Division has implemented a web-based tool, CyberAccess (funded in the Clinical Services budget section 11.415). This tool allows electronic, web-based access to the provider's patient claim information, incorporating paid MO HealthNet medical and pharmacy claim data into a patient profile. Providers are able to review patient utilization of services, including medications and services from other providers, diagnoses and procedures, all in a comprehensive listing in chronological order. In addition, CyberAccess includes a feature that allows providers to select a medication for their patient and immediately determine whether it will be reimbursed by MO HealthNet without limitations such as prior authorization or clinical edit. If such a limitation is in place, the provider may request an override via the electronic tool itself, and eliminate the need for a phone call or fax request. The same rules-engine technology allows providers to submit requests for pre-certification for imaging procedures and prior authorization requests for durable medical equipment.

The Division continues to add value to the CyberAccess tool for providers by integrating lab data into the tool, as well as incorporating other clinical data traits for individuals patients. Future enhancements include the integration of Healthy Children and Youth screening forms and the integration of assessment and authorization processes for Home and Community Based Services. This core section will help fund these initiatives.

In addition to the provider focused tools, the Division is working on the development of a participant-focused tool that will allow individuals to access their own health information and receive individually-tailored educational and health and wellness materials via a secure web-based portal.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

TAFP CCS for SCS for HCS for HB 2011, Section 11.405

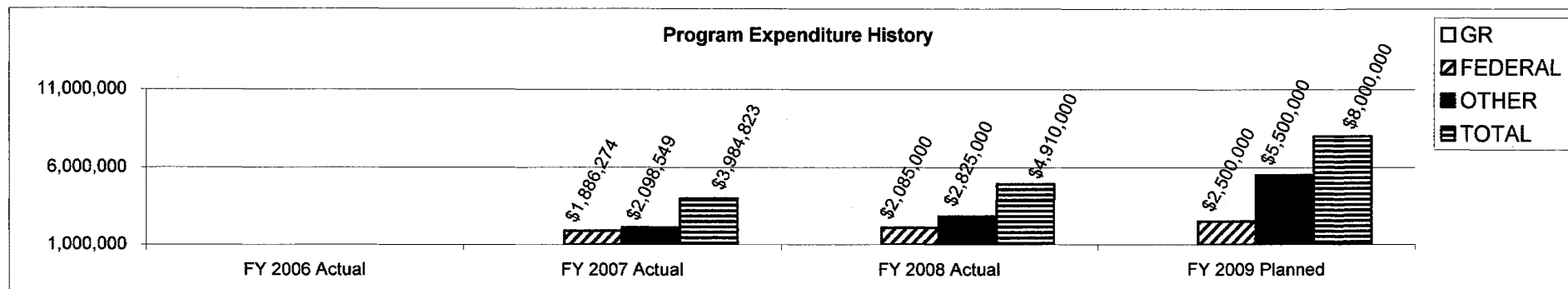
3. Are there federal matching requirements? If yes, please explain.

Expenditures for Health Care Technology that are associated with MO HealthNet projects earn 50% FFP and require 50% state share. Some MO HealthNet projects are eligible for enhanced federal matching of 75% and some projects can even qualify for 90% enhanced federal matching funds. Non-MO HealthNet related projects do not earn federal match.

4. Is this a federally mandated program? If yes, please explain.

No.

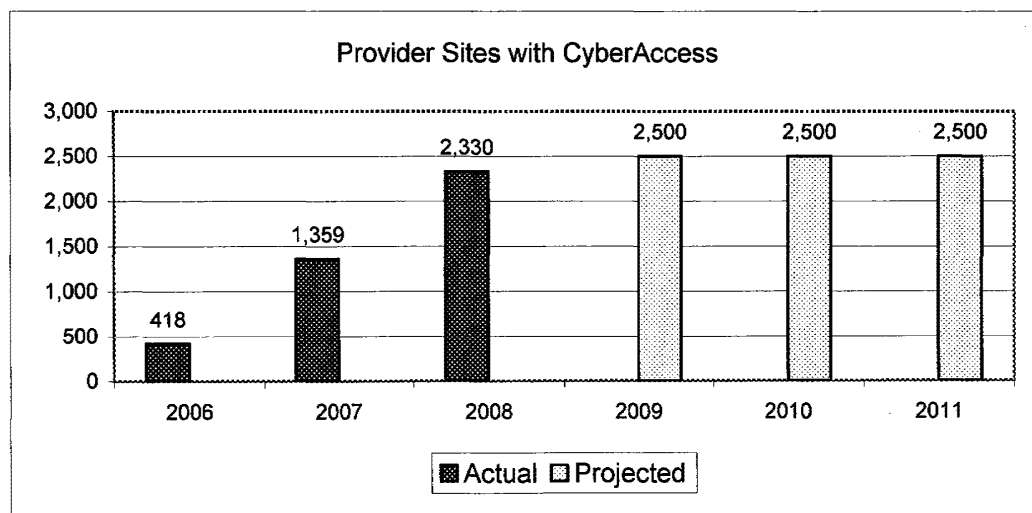
5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Health Care Technology Fund (0170)

7a. Provide an effectiveness measure.



7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	2,203,902	0.00	2,301,123	0.00	2,301,123	0.00	551,123	0.00
DEPT OF SOC SERV FEDERAL & OTH	3,319,161	0.00	4,852,788	0.00	7,965,288	0.00	7,965,288	0.00
THIRD PARTY LIABILITY COLLECT	924,911	0.00	924,911	0.00	924,911	0.00	924,911	0.00
HEALTH CARE TECHNOLOGY FUND	0	0.00	1,250,000	0.00	0	0.00	0	0.00
MISSOURI RX PLAN FUND	946,986	0.00	4,155,894	0.00	4,160,894	0.00	4,160,894	0.00
TOTAL - EE	7,394,960	0.00	13,484,716	0.00	15,352,216	0.00	13,602,216	0.00
PROGRAM-SPECIFIC								
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	3,112,500	0.00	0	0.00	0	0.00
HEALTH CARE TECHNOLOGY FUND	0	0.00	1,237,500	0.00	0	0.00	0	0.00
MISSOURI RX PLAN FUND	0	0.00	5,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	4,355,000	0.00	0	0.00	0	0.00
TOTAL	7,394,960	0.00	17,839,716	0.00	15,352,216	0.00	13,602,216	0.00
Replace Health Care Tech Fund - 1886013								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	2,487,500	0.00	2,187,500	0.00
TOTAL - EE	0	0.00	0	0.00	2,487,500	0.00	2,187,500	0.00
TOTAL	0	0.00	0	0.00	2,487,500	0.00	2,187,500	0.00
Enhanced Inpatient Pre-Cert - 1886043								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	1,550,000	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	1,550,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	3,100,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,100,000	0.00	0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
Clinical Srvs. Enhanced Match - 1886056								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	0	0.00	1,750,000	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	1,750,000	0.00
TOTAL	0	0.00	0	0.00	0	0.00	1,750,000	0.00
GRAND TOTAL	\$7,394,960	0.00	\$17,839,716	0.00	\$20,939,716	0.00	\$17,539,716	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	2,301,123	7,965,288	5,085,805	15,352,216
PSD				
TRF				
Total	2,301,123	7,965,288	5,085,805	15,352,216

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections (TPL) (0120)
MO Rx Plan Fund (0779)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	551,123	7,965,288	5,085,805	13,602,216
PSD				
TRF				
Total	551,123	7,965,288	5,085,805	13,602,216

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections (TPL) (0120)
MO Rx Plan Fund (0779)

2. CORE DESCRIPTION

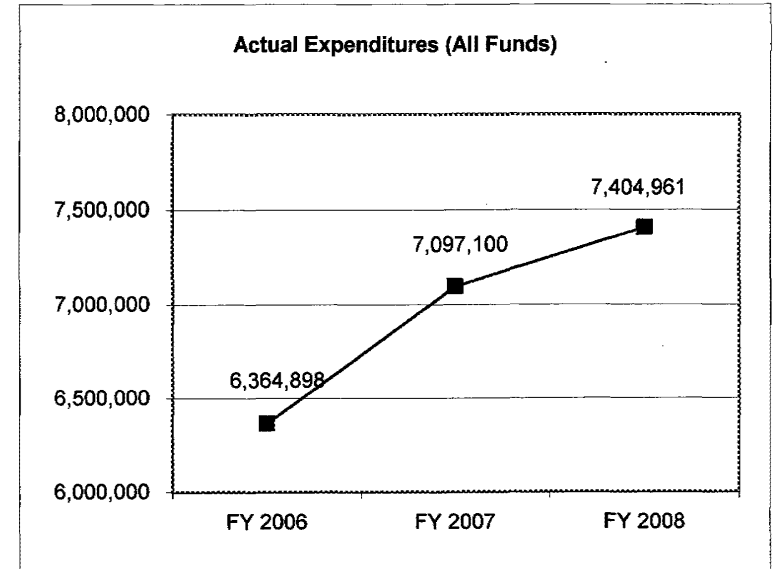
This core request is for the continued operation of the Missouri Medicaid Pharmacy Enhancement Program and the Missouri Rx program. The MO HealthNet Division seeks to aid recipients and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

3. PROGRAM LISTING (list programs included in this core funding)

Missouri Medicaid Pharmacy Enhancement Program
Missouri Rx Program

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	6,828,822	10,989,716	10,989,716	17,839,716
Less Reverted (All Funds)	(69,034)	(69,034)	(69,034)	N/A
Budget Authority (All Funds)	6,759,788	10,920,682	10,920,682	N/A
Actual Expenditures (All Funds)	6,364,898	7,097,100	7,404,961	N/A
Unexpended (All Funds)	394,890	3,823,582	3,515,721	N/A
Unexpended, by Fund:				
General Revenue	0	0	28,187	N/A
Federal	80,000	64,145	283,627	N/A
Other	314,890	3,759,437	3,203,907	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$350,166 - \$80,000 in Federal and \$270,166 in TPL funds.

(2) Agency reserve of \$3,739,436 in MO Rx Plan funds.

(3) Agency reserve of \$67,996 in Federal and \$2,700,000 in MO Rx Plan funds.

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CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES CLINICAL SRVC MGMT

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			EE	0.00	2,301,123	4,852,788	6,330,805	13,484,716	
			PD	0.00	0	3,112,500	1,242,500	4,355,000	
			Total	0.00	2,301,123	7,965,288	7,573,305	17,839,716	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1474 3685		EE	0.00	0	0	(2,487,500)	(2,487,500)	Core cut one time Health Care Technology fund source. Corresponding GR NDI.
Core Reallocation	379 6767		EE	0.00	0	3,112,500	0	3,112,500	
Core Reallocation	379 3685		EE	0.00	0	0	1,237,500	1,237,500	
Core Reallocation	379 2036		EE	0.00	0	0	5,000	5,000	
Core Reallocation	379 6767		PD	0.00	0	(3,112,500)	0	(3,112,500)	
Core Reallocation	379 3685		PD	0.00	0	0	(1,237,500)	(1,237,500)	
Core Reallocation	379 2036		PD	0.00	0	0	(5,000)	(5,000)	
NET DEPARTMENT CHANGES				0.00	0	0	(2,487,500)	(2,487,500)	
DEPARTMENT CORE REQUEST									
			EE	0.00	2,301,123	7,965,288	5,085,805	15,352,216	
			PD	0.00	0	0	0	0	
			Total	0.00	2,301,123	7,965,288	5,085,805	15,352,216	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	2492 6764		EE	0.00	(1,750,000)	0	0	(1,750,000)	
NET GOVERNOR CHANGES				0.00	(1,750,000)	0	0	(1,750,000)	

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CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**CLINICAL SRVC MGMT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	551,123	7,965,288	5,085,805	13,602,216	
	PD	0.00	0	0	0	0	
	Total	0.00	551,123	7,965,288	5,085,805	13,602,216	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
CORE								
TRAVEL, IN-STATE	10,473	0.00	2,500	0.00	10,050	0.00	10,050	0.00
TRAVEL, OUT-OF-STATE	10,470	0.00	2,500	0.00	10,050	0.00	10,050	0.00
SUPPLIES	42,773	0.00	20,000	0.00	42,800	0.00	42,800	0.00
PROFESSIONAL DEVELOPMENT	2,709	0.00	1,000	0.00	2,700	0.00	2,700	0.00
COMMUNICATION SERV & SUPP	13,180	0.00	2,500	0.00	13,000	0.00	13,000	0.00
PROFESSIONAL SERVICES	7,277,528	0.00	13,435,216	0.00	15,231,691	0.00	13,481,691	0.00
M&R SERVICES	16,363	0.00	20,000	0.00	20,000	0.00	20,000	0.00
OTHER EQUIPMENT	9,409	0.00	0	0.00	10,000	0.00	10,000	0.00
REAL PROPERTY RENTALS & LEASES	8,945	0.00	500	0.00	8,900	0.00	8,900	0.00
EQUIPMENT RENTALS & LEASES	225	0.00	0	0.00	225	0.00	225	0.00
MISCELLANEOUS EXPENSES	2,885	0.00	500	0.00	2,800	0.00	2,800	0.00
TOTAL - EE	7,394,960	0.00	13,484,716	0.00	15,352,216	0.00	13,602,216	0.00
PROGRAM DISTRIBUTIONS	0	0.00	4,355,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	4,355,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$7,394,960	0.00	\$17,839,716	0.00	\$15,352,216	0.00	\$13,602,216	0.00
GENERAL REVENUE	\$2,203,902	0.00	\$2,301,123	0.00	\$2,301,123	0.00	\$551,123	0.00
FEDERAL FUNDS	\$3,319,161	0.00	\$7,965,288	0.00	\$7,965,288	0.00	\$7,965,288	0.00
OTHER FUNDS	\$1,871,897	0.00	\$7,573,305	0.00	\$5,085,805	0.00	\$5,085,805	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

1. What does this program do?

PROGRAM SYNOPSIS: The funding for Clinical Services Management supports the Pharmacy and Clinical Services' contractor costs.

PHARMACY

With the pharmacy budget projected near \$900 million in FY 10, it is necessary to have resources to manage the program. Through the Clinical Services Program, the Division is able to maintain current cost containment initiatives and implement new cost containment initiatives. Major initiatives include:

- Help Desk Staffing
- Quarterly Updates to the Missouri Maximum Allowable Cost (MACs)
- Maintenance and Updates to Fiscal and Clinical Edits
- Prospective and Retrospective Drug Use Review (DUR)
- Routine/Adhoc Drug Information Research
- Enrollment and Administration of Case Management
- Preferred Drug List (PDL) and Supplemental Rebates

These initiatives, along with other cost containment activities, have resulted in an increase in the pharmacy cost that is significantly below the national trend over the past few years.

CLINICAL

The major initiatives in the Clinical Services section include:

- Psychology and Medical Help Desk Staffing
- Smart PA for DME, including Dental and Optometry
- Major Medical PA, including Imaging
- Medical Evidence - Oregon Contract

Cyber Access

CyberAccess is an Electronic Health Record (EHR) program for MO HealthNet participants which is available to their healthcare providers. The Web-based tool, called CyberAccess, allows physicians to prescribe electronically, view diagnosis data, receive alerts, select appropriate preferred medications, and electronically request drug and medical prior authorizations for their MO HealthNet patients. The continued funding for CyberAccess is critical to continue to support the pharmacy and medical cost containment initiatives and electronic health records. EPSDT forms and patient specific lab results are currently available. Linkages to other health record systems yielding interoperability between systems will soon be available as well. A companion participant web portal tool will be launched in early 2009.

The section is responsible for program development and clinical policy decision-making for MO HealthNet, with these activities oriented to the health and continuum of care needed by MO HealthNet participants. Policy development, benefit design and coverage decisions are made by the unit using best practices and evidence-based medicine.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

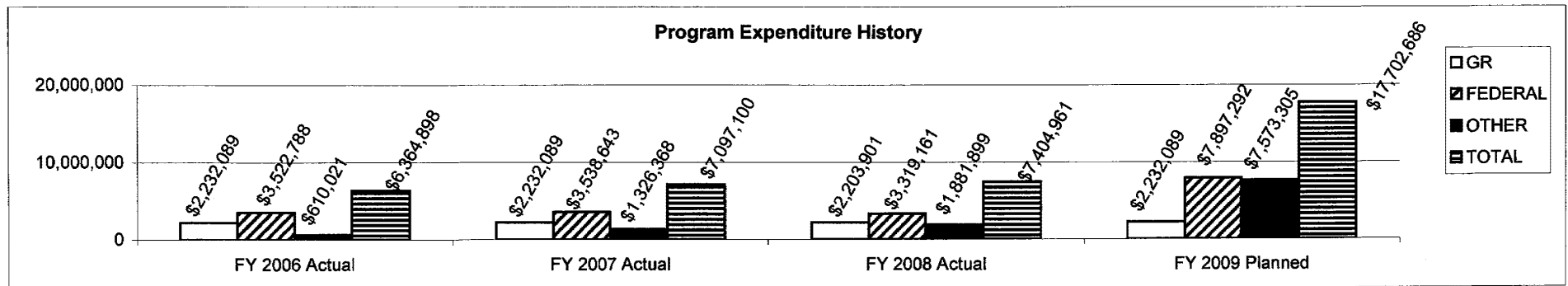
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding. The Clinical Management Services for Pharmacy and Prior Authorization is matched at 75%.

4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

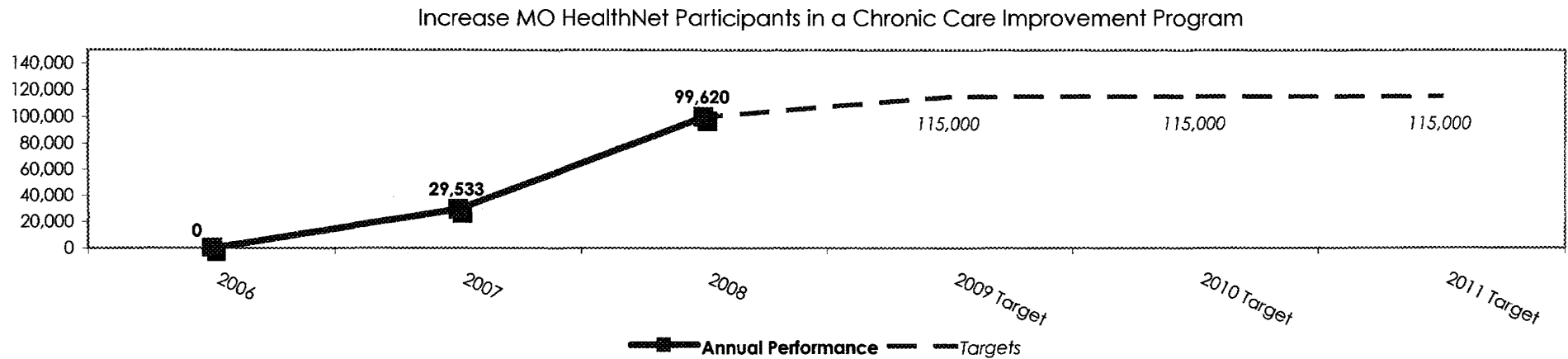
5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Third Party Liability Collections Fund (0120) and Missouri Rx Plan Fund (0779).

7a. Provide an effectiveness measure.



7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

Number of Pharmacy Claims		
SFY	Actual	Projected
2006	15.3 mil	16.2 mil
2007	9.6 mil	10.4 mil
2008	10.8 mil	11.4 mil
2009		13.4 mil
2010		14.4 mil
2011		15.4 mil

Reduction in FY07 due to the MMA

7d. Provide a customer satisfaction measure, if available.

NEW DECISION ITEM

RANK: 44

Department: Social Services

Division: MO HealthNet

DI Name: Enhanced Inpatient Hospital Precertification

Budget Unit: 90512C

DI#: 1886043

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	1,550,000	1,550,000		3,100,000
PSD				
TRF				
Total	1,550,000	1,550,000		3,100,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	0	0		0
PSD				
TRF				
Total	0	0		0
FTE				

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Contract Renewal	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is requested to implement an enhanced inpatient admissions certification review process, emphasizing the need for technology, medical criteria, and interoperability.

Today the MO HealthNet Division (MHD) contracts for inpatient admissions certification reviews. Under the current contract the process is paper intensive and does not take advantage of recent MHD technology initiatives. This contract will be rebid in FY 2010. MHD wants to structure a new contract that provides inpatient hospital pre-certification reviews using a rules-based system, based on medical criteria, and similar to Smart PA process for pharmacy and medical edits. Additionally the system will be interoperable with hospital systems and CyberAccessTM and include a concurrent review and a hospital discharge coordination component to enhance the continuity of care with the other health care providers after a patient leaves the hospital.

This decision item supports estimated additional contractor costs associated with planned enhancements to inpatient admissions certification reviews.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The total cost for the enhanced system is estimated at \$5.0 million. Core funding for the current contract is \$1.9 million. MHD is requesting the difference at \$3.1 million.

	Total	GR	Federal
MO HealthNet Admin - E & E	\$3,100,000	\$1,550,000	\$1,550,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	1,550,000		1,550,000		0		3,100,000		
Total EE	1,550,000		1,550,000		0		3,100,000		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	1,550,000	0.0	1,550,000	0.0	0	0.0	3,100,000	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	0		0		0		0		
Total EE	0		0		0		0		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Number of Inpatient Days (Thousands)		
SFY	Actual	Projected
2006	458.4	698.6
2007	395.8	474.2
2008	394.6	399.8
2009		394.6
2010		394.6
2011		394.6

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Hospital Services		
SFY	Actual	Projected
2006	101,917	104,941
2007	107,049	105,387
2008	96,140	111,215
2009		97,101
2010		98,072
2011		99,053

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
Enhanced Inpatient Pre-Cert - 1886043								
PROFESSIONAL SERVICES	0	0.00	0	0.00	3,100,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	3,100,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,100,000	0.00	\$0	0.00
GENERAL REVENUE								
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,550,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NEW DECISION ITEM
RANK: 999**

Department: Social Services
Division: MO HealthNet
DI Name: Clinical Services Enhanced Match

Budget Unit: 90516C
DI#: 1886056

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE		1,750,000		1,750,000
PSD				
TRF				
Total		1,750,000		1,750,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

_____ New Legislation
_____ Federal Mandate
_____ GR Pick-Up
_____ Pay Plan

_____ New Program
_____ Program Expansion
_____ Space Request
_____ Other:

☒ Fund Switch
_____ Cost to Continue
_____ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Federal funding is requested to replace GR.

The Centers for Medicare and Medicaid Services has agreed to provide an enhanced federal match rate on pharmacy and prior authorization contracts . This decision item seeks Federal Funds as a replacement for GR.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Federal funding is requested to replace GR in the Clinical Services Management appropriation.

	Total	GR	Federal
Clinical Services	\$1,750,000	\$0	\$1,750,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services			0				0		
Total EE	0		0		0		0		0
Program Distributions			0						
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec
	GR		FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
	DOLLARS	GR	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	DOLLARS
Total PS	0		0.0	0	0.0	0	0.0	0	0.0
Professional Services				1,750,000				1,750,000	
Total EE	0			1,750,000		0		1,750,000	0
Program Distributions									
Total PSD	0			0		0		0	0
Transfers									
Total TRF	0			0		0		0	0
Grand Total	0	0.0		1,750,000	0.0	0	0.0	1,750,000	0.0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CLINICAL SRVC MGMT								
Clinical Srvs. Enhanced Match - 1886056								
PROFESSIONAL SERVICES	0	0.00	0	0.00	0	0.00	1,750,000	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	1,750,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,750,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$1,750,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN & MINORITY OUTREACH								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	529,741	0.00	546,125	0.00	546,125	0.00	546,125	0.00
DEPT OF SOC SERV FEDERAL & OTH	568,625	0.00	568,625	0.00	568,625	0.00	568,625	0.00
TOTAL - EE	1,098,366	0.00	1,114,750	0.00	1,114,750	0.00	1,114,750	0.00
TOTAL	1,098,366	0.00	1,114,750	0.00	1,114,750	0.00	1,114,750	0.00
GRAND TOTAL	\$1,098,366	0.00	\$1,114,750	0.00	\$1,114,750	0.00	\$1,114,750	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Women & Minority Health Care Outreach

Budget Unit: 90513C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	546,125	568,625		1,114,750
PSD				
TRF				
Total	546,125	568,625		1,114,750
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	546,125	568,625		1,114,750
PSD				
TRF				
Total	546,125	568,625		1,114,750
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

2. CORE DESCRIPTION

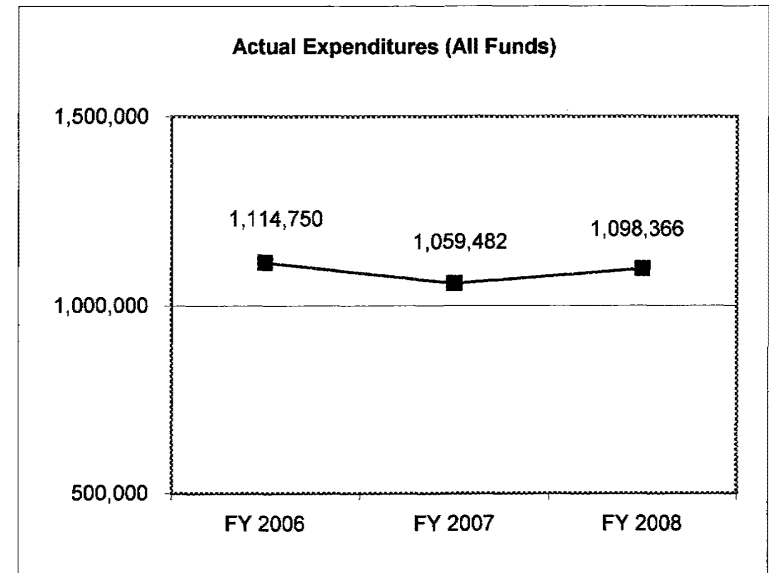
This core request is for the continued funding of the Women and Minority Health Care Outreach programs. These programs provide client outreach and education about the MO HealthNet program and reduce disparities in healthcare access for women and minority populations

3. PROGRAM LISTING (list programs included in this core funding)

Women and Minority Health Care Outreach Program

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	1,114,750	1,114,750	1,114,750	1,114,750
Less Reverted (All Funds)	0	(16,384)	(16,384)	N/A
Budget Authority (All Funds)	1,114,750	1,098,366	1,098,366	N/A
Actual Expenditures (All Funds)	1,114,750	1,059,482	1,098,366	N/A
Unexpended (All Funds)	0	38,884	0	N/A
Unexpended, by Fund:				
General Revenue	0	14,958	0	N/A
Federal	0	23,926	0	N/A
Other	0	0	0	N/A



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**WOMEN & MINORITY OUTREACH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	EE	0.00	546,125	568,625	0	1,114,750	
	Total	0.00	546,125	568,625	0	1,114,750	
<hr/>							
DEPARTMENT CORE REQUEST	EE	0.00	546,125	568,625	0	1,114,750	
	Total	0.00	546,125	568,625	0	1,114,750	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	EE	0.00	546,125	568,625	0	1,114,750	
	Total	0.00	546,125	568,625	0	1,114,750	
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FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,098,366	0.00	1,114,750	0.00	1,114,750	0.00	1,114,750	0.00
TOTAL - EE	1,098,366	0.00	1,114,750	0.00	1,114,750	0.00	1,114,750	0.00
GRAND TOTAL	\$1,098,366	0.00	\$1,114,750	0.00	\$1,114,750	0.00	\$1,114,750	0.00
GENERAL REVENUE	\$529,741	0.00	\$546,125	0.00	\$546,125	0.00	\$546,125	0.00
FEDERAL FUNDS	\$568,625	0.00	\$568,625	0.00	\$568,625	0.00	\$568,625	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Women and Minority Health Care Outreach

Program is found in the following core budget(s): Women and Minority Health Care Outreach

1. What does this program do?

PROGRAM SYNOPSIS: Provides client outreach and education about the MO HealthNet program with a goal to reduce disparities in health care access for women and minority populations.

The health of Missouri's citizens is critical to the well-being of the state. Without proper health care, Missouri citizens will be less productive and more costly to the state. The purpose of the MO HealthNet program is to finance, monitor and assure the health coverage of traditionally vulnerable populations. The funding in this appropriation provides outreach services in St. Louis, Columbia, Jefferson City, Springfield, the Bootheel, and the Kansas City Region targeted at African American men and women at risk of diabetes, cardiovascular disease, HIV/AIDS, sexually transmitted diseases (STDs), and other life-threatening health conditions. The outreach programs also provide client outreach and education about the MO HealthNet program.

The Department of Social Services has contracted with the Missouri Primary Care Association to act as a fiscal intermediary for the distribution of the Minority and Women's Health Outreach funding, assuring accurate and timely payments to the subcontractors and to act as a central data collection point for evaluation of program impact and outcomes. The Missouri Primary Care Association is recognized as Missouri's single primary care association by the federal Health Resource Service Administration. The goals of the nation's Primary Care Associations are to partner in the development, maintenance and improvement of access to health care services, and to reduce disparities in health status between majority and minority populations.

This program was initiated in the fall of 1999 with five Federally-Qualified Health Centers (FQHCs) and has now expanded to ten FQHCs in the St Louis and Kansas City regions and the Bootheel, and one clinic in Central Missouri with a FQHC look-alike status, plus a consultant subcontractor. The outreach program builds on the strengths of the ten FQHCs and one FQHC look-alike clinic that are trusted, accessible sources of care for high-risk African American populations, and the existence of natural leaders, often women, in African American neighborhoods to provide outreach and education in their neighborhoods to encourage routine screenings for diabetes and cardiovascular disease and testing for HIV/AIDS and STDs. In the Bootheel area, the outreach program builds on the strengths of a FQHC and county hospital, using the Care-A-Van to reach at-risk persons in the largely rural area. Existing health promotion coalitions in the area, including the Bootheel's Heart Health Coalitions and the Missouri Health Alliance will also be used in outreach efforts. As part of the outreach program, workers identify eligible participants and help them enroll in the MO HealthNet program.

The current contractor is Missouri Primary Care Association. The contractor is paid for allowable costs related to establishing and implementing outreach programs not to exceed the appropriation cap.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.201; Federal law: Social Security Act Section 1903(a); Federal Regulations: 42 CFR, Part 433.15

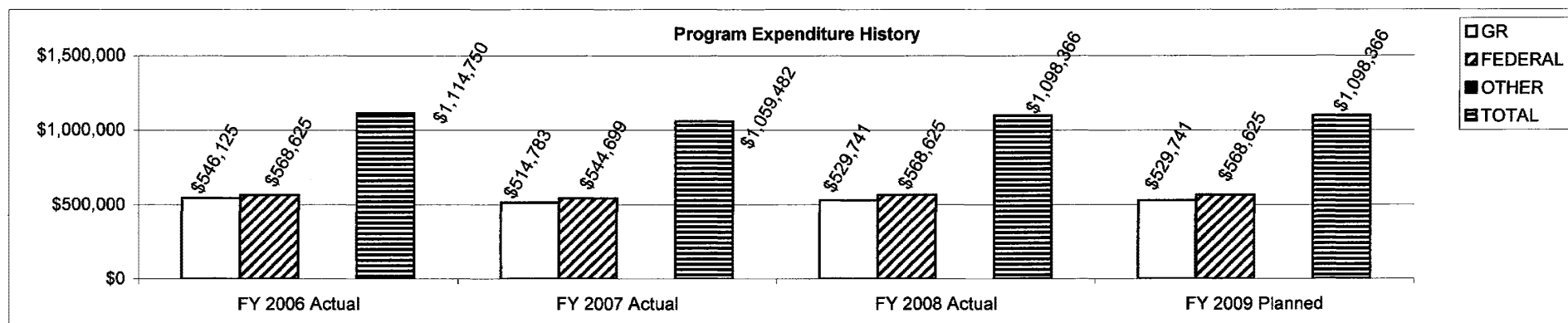
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

No.

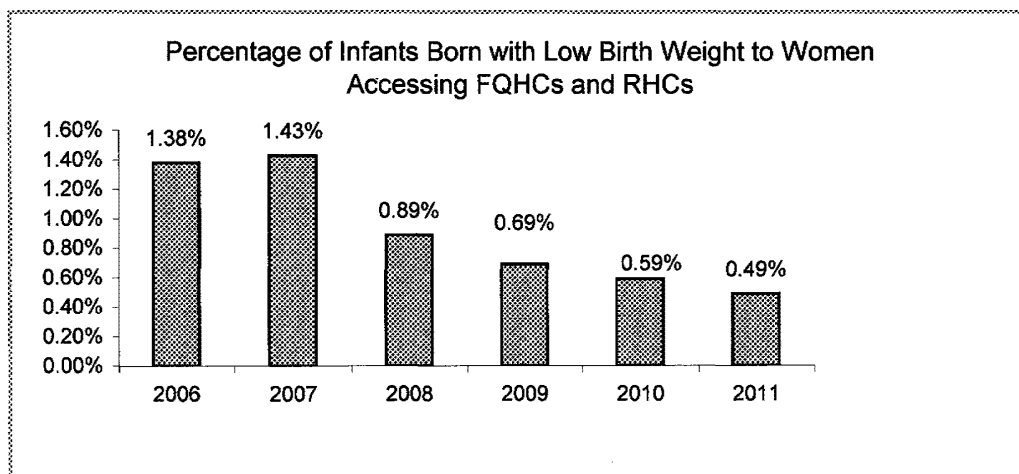
5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.



Federally-Qualified Health Centers and Rural Health Centers provide greater access to health care to traditionally vulnerable populations. When women have better access to health care during their pregnancies their infants are born with fewer risk factors including very low birth weight.

7b. Provide an efficiency measure.

Number of Users of FQHCs and RHCs for Primary Care		
SFY	Actual	Projected
2006	88,522	
2007	88,496	
2008	88,256	
2009		90,021
2010		91,822
2011		93,658

Number of Users Receiving Assistance from FQHCs and RHCs in Applying for MO HealthNet		
SFY	Actual	Projected
2006	3,825	
2007	3,240	
2008	4,370	
2009		4,457
2010		4,547
2011		4,637

FQHCs and RHCs in underserved areas provide greater access to health care services for women and minorities as well as serve as outreach centers to assist individuals in applying for MO HealthNet services.

7c. Provide the number of clients/individuals served, if applicable.

Prenatal Care Users Who Delivered During the Year		
SFY	Actual	Projected
2006	3,329	
2007	3,151	
2008	3,579	4,064
2009		3,870
2010		4,184
2011		4,524

Number of Normal Births		
SFY	Actual	Projected
2006	2,926	
2007	2,914	
2008	3,062	3,981
2009		3,333
2010		3,628
2011		3,949

Services are directed toward low-income women and minorities who are uninsured or eligible for MO HealthNet.

7d. Provide a customer satisfaction measure, if available.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HLTHNET REV MAX UNIT								
CORE								
PERSONAL SERVICES								
DEPT OF SOC SERV FEDERAL & OTH	65,439	1.54	92,019	2.00	92,019	2.00	92,019	2.00
FEDERAL REIMBURSEMENT ALLOWANCE	65,439	1.54	92,019	2.00	92,019	2.00	92,019	2.00
TOTAL - PS	130,878	3.08	184,038	4.00	184,038	4.00	184,038	4.00
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	8,114	0.00	8,114	0.00	8,114	0.00	8,114	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	8,114	0.00	8,114	0.00	8,114	0.00	8,114	0.00
TOTAL - EE	16,228	0.00	16,228	0.00	16,228	0.00	16,228	0.00
TOTAL	147,106	3.08	200,266	4.00	200,266	4.00	200,266	4.00
GENERAL STRUCTURE ADJUSTMENT - 0000012								
PERSONAL SERVICES								
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	0	0.00	2,761	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	0	0.00	2,761	0.00
TOTAL - PS	0	0.00	0	0.00	0	0.00	5,522	0.00
TOTAL	0	0.00	0	0.00	0	0.00	5,522	0.00
GRAND TOTAL	\$147,106	3.08	\$200,266	4.00	\$200,266	4.00	\$205,788	4.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Revenue Maximization Unit

Budget Unit: 90514C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS		92,019	92,019	184,038
EE		8,114	8,114	16,228
PSD				
TRF				
Total		100,133	100,133	200,266
FTE		2.00	2.00	4.00

Est. Fringe	0	43,415	43,415	86,829
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS		92,019	92,019	184,038
EE		8,114	8,114	16,228
PSD				
TRF				
Total		100,133	100,133	200,266
FTE		2.00	2.00	4.00

Est. Fringe	0	43,415	43,415	86,829
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

2. CORE DESCRIPTION

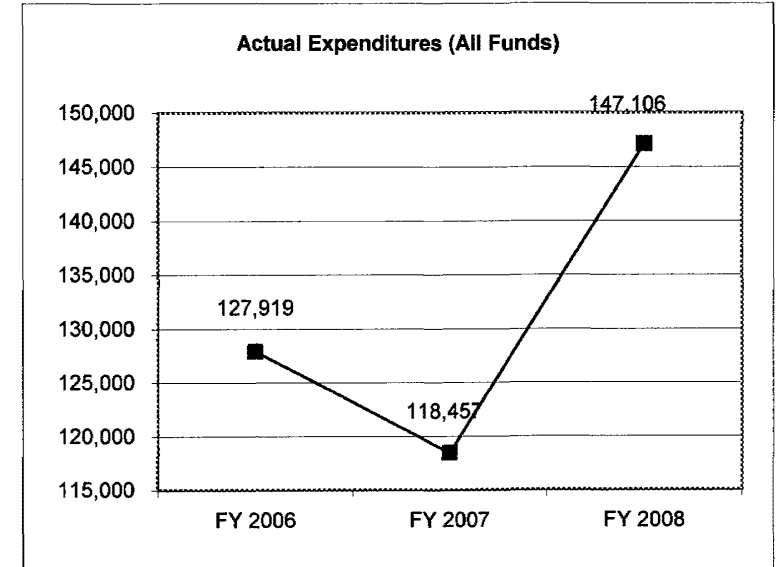
This core request is for the continued operation of the revenue maximization unit made up of four staff.

3. PROGRAM LISTING (list programs included in this core funding)

Medicaid Revenue Maximization

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	183,028	189,700	194,906	200,266
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	183,028	189,700	194,906	N/A
Actual Expenditures (All Funds)	127,919	118,457	147,106	N/A
Unexpended (All Funds)	55,109	71,243	47,800	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	26,684	34,979	23,900	N/A
Other	28,425	36,264	23,900	N/A



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**MO HLTHNET REV MAX UNIT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PS	4.00	0	92,019	92,019	184,038	
	EE	0.00	0	8,114	8,114	16,228	
	Total	4.00	0	100,133	100,133	200,266	
DEPARTMENT CORE REQUEST							
	PS	4.00	0	92,019	92,019	184,038	
	EE	0.00	0	8,114	8,114	16,228	
	Total	4.00	0	100,133	100,133	200,266	
GOVERNOR'S RECOMMENDED CORE							
	PS	4.00	0	92,019	92,019	184,038	
	EE	0.00	0	8,114	8,114	16,228	
	Total	4.00	0	100,133	100,133	200,266	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HLTHNET REV MAX UNIT								
CORE								
OFFICE SUPPORT ASST (CLERICAL)	0	0.00	25,598	1.00	0	0.00	0	0.00
AUDITOR II	0	0.00	45,458	1.00	71,056	2.00	71,056	2.00
AUDITOR I	30,534	0.94	0	0.00	0	0.00	0	0.00
SENIOR AUDITOR	44,082	1.06	45,458	1.00	45,458	1.00	45,458	1.00
AUDITOR III	52,712	1.00	67,524	1.00	67,524	1.00	67,524	1.00
FISCAL & ADMINISTRATIVE MGR B1	1,556	0.04	0	0.00	0	0.00	0	0.00
SOCIAL SERVICES MNGR, BAND 2	1,994	0.04	0	0.00	0	0.00	0	0.00
TOTAL - PS	130,878	3.08	184,038	4.00	184,038	4.00	184,038	4.00
TRAVEL, IN-STATE	0	0.00	1,182	0.00	1,182	0.00	1,182	0.00
SUPPLIES	16,228	0.00	6,000	0.00	6,000	0.00	6,000	0.00
COMMUNICATION SERV & SUPP	0	0.00	2,172	0.00	2,172	0.00	2,172	0.00
M&R SERVICES	0	0.00	4,818	0.00	4,818	0.00	4,818	0.00
OFFICE EQUIPMENT	0	0.00	2,056	0.00	2,056	0.00	2,056	0.00
TOTAL - EE	16,228	0.00	16,228	0.00	16,228	0.00	16,228	0.00
GRAND TOTAL	\$147,106	3.08	\$200,266	4.00	\$200,266	4.00	\$200,266	4.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$73,553	1.54	\$100,133	2.00	\$100,133	2.00	\$100,133	2.00
OTHER FUNDS	\$73,553	1.54	\$100,133	2.00	\$100,133	2.00	\$100,133	2.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Revenue Maximization Unit

Program is found in the following core budget(s): Revenue Maximization Unit

1. What does this program do?

PROGRAM SYNOPSIS: These staff identify ways to earn additional federal funds and research ways to avoid costs.

A primary function of the staff is to administer the hospital assessment program and the nursing facility assessment program. The assessment collected from the facilities is considered to be a general revenue equivalent and is used, in large part, to fund the hospital and nursing facility MO Health Net programs which draw down federal matching funds. The assessment programs allow for enhanced reimbursement to hospitals and nursing facilities to ensure quality services are provided to MO HealthNet participants. The staff also keeps abreast of current issues and developments in the industry, researching and analyzing them to determine if applicable to Missouri. This includes reviewing the Federal Register, CMS' website for latest developments, other state's State Plans, etc. The staff is available to analyze, implement and oversee new programs to draw additional federal matching funds or to avoid costs.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.201, Federal law: Social Security Act Section 1902(a)(4), Federal Regulations: 42 CFR Part 432.

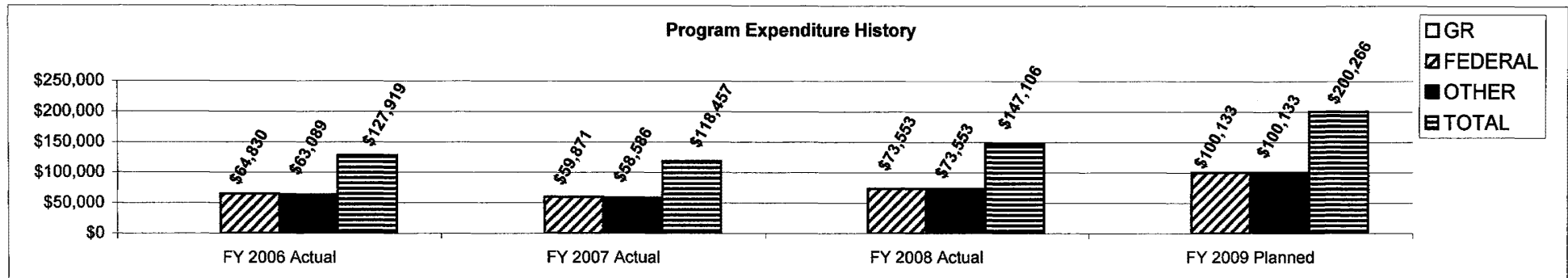
3. Are there federal matching requirements? If yes, please explain.

MO HealthNet administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

7a. Provide an effectiveness measure.

FRA as a Funding Source in the Various Appropriations	2006	2007	2008	2009
Managed Care	\$109,064,837	\$109,065,009	\$109,065,009	\$109,065,009
Hospital	\$129,642,328	\$129,642,328	\$115,267,390	\$132,967,390
Women's Health Services (1115-Adult)	\$167,756	\$167,756	\$167,756	\$167,756
S-CHIP (1115 Waiver-Children)	\$7,719,204	\$7,719,204	\$7,719,204	\$7,719,204
Revenue Max Admin	\$91,514	\$94,850	\$97,453	\$100,133

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TPL CONTRACTS								
CORE								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	884,659	0.00	3,000,000	0.00	3,000,000	0.00	1,500,000	0.00
THIRD PARTY LIABILITY COLLECT	884,659	0.00	3,000,000	0.00	3,000,000	0.00	1,500,000	0.00
TOTAL - EE	1,769,318	0.00	6,000,000	0.00	6,000,000	0.00	3,000,000	0.00
TOTAL	1,769,318	0.00	6,000,000	0.00	6,000,000	0.00	3,000,000	0.00
GRAND TOTAL	\$1,769,318	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$3,000,000	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE		3,000,000	3,000,000	6,000,000	EE		1,500,000	1,500,000	3,000,000
PSD					PSD				
TRF					TRF				
Total		3,000,000	3,000,000	6,000,000	Total		1,500,000	1,500,000	3,000,000
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Third Party Liability Collections Fund (TPL) (0120)

Other Funds: Third Party Liability Collections Fund (TPL) (0120)

Note: An "E" is requested for \$3,000,000 Other Funds and \$3,000,000 Federal Funds

Note: An "E" is requested for \$1,500,000 Other Funds and \$1,500,000 Federal Funds

2. CORE DESCRIPTION

This core request is for the continued funding of contracted third party liability (TPL) recovery activities. TPL functions are performed by agency staff in the TPL Unit and by a contractor. This core appropriation is Expense and Equipment funding and is the source of payments to the contractor who works with the agency on TPL recovery activities.

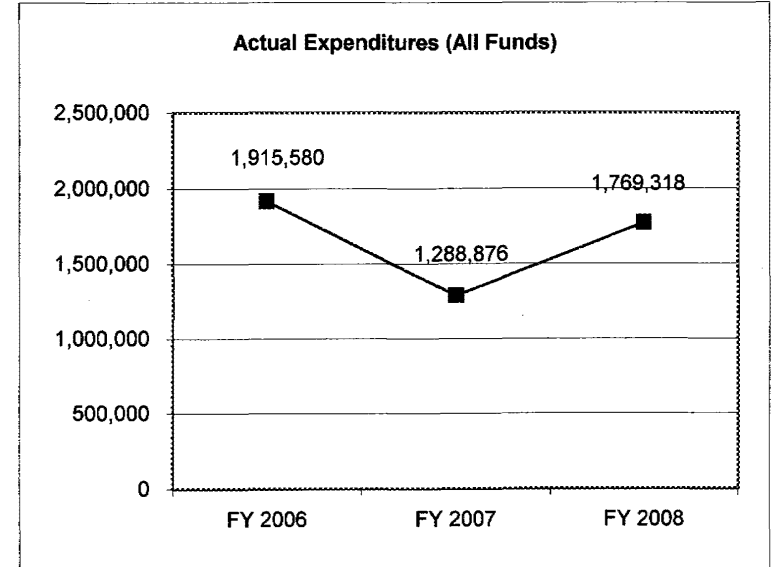
3. PROGRAM LISTING (list programs included in this core funding)

Third Party Liability Contracts

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	6,000,000	6,000,000	6,000,000	6,000,000
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	6,000,000	6,000,000	6,000,000	N/A
Actual Expenditures (All Funds)	1,915,580	1,288,876	1,769,318	N/A
Unexpended (All Funds)	4,084,420	4,711,124	4,230,682	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	2,041,824	2,355,562	2,115,341	N/A
Other	2,042,596	2,355,562	2,115,341	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserves of \$4,000,000 - \$2,000,000 in federal and \$2,000,000 in TPL fund - all E & E

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

TPL CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	3,000,000	3,000,000	6,000,000	
	Total	0.00	0	3,000,000	3,000,000	6,000,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	3,000,000	3,000,000	6,000,000	
	Total	0.00	0	3,000,000	3,000,000	6,000,000	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2516 1393 EE	0.00	0	0	(1,500,000)	(1,500,000)	
Core Reduction	2516 1392 EE	0.00	0	(1,500,000)	0	(1,500,000)	
NET GOVERNOR CHANGES		0.00	0	(1,500,000)	(1,500,000)	(3,000,000)	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	1,500,000	1,500,000	3,000,000	
	Total	0.00	0	1,500,000	1,500,000	3,000,000	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TPL CONTRACTS								
CORE								
PROFESSIONAL SERVICES	1,769,318	0.00	6,000,000	0.00	6,000,000	0.00	3,000,000	0.00
TOTAL - EE	1,769,318	0.00	6,000,000	0.00	6,000,000	0.00	3,000,000	0.00
GRAND TOTAL	\$1,769,318	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$3,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$884,659	0.00	\$3,000,000	0.00	\$3,000,000	0.00	\$1,500,000	0.00
OTHER FUNDS	\$884,659	0.00	\$3,000,000	0.00	\$3,000,000	0.00	\$1,500,000	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

1. What does this program do?

PROGRAM SYNOPSIS: Provides payments for contracted TPL recovery activities. By identifying other insurance carriers, MO HealthNet is able to cost avoid or recover costs already incurred.

The Third Party Liability (TPL) program is responsible for cost recovery and cost avoidance of MO HealthNet expenditures. The MO HealthNet program seeks recovery from third party sources when liability at the time of service had not yet been determined, when the third party source was not known at the time of MO HealthNet payment, and for services that are federally mandated to be paid and then pursued. TPL functions are performed by agency staff in the TPL Unit and by a contractor. The TPL Contracts appropriation allows for payments to the contractor who works with the agency on TPL recovery activities. The contractor is paid for its services through a 6.75% contingency contract rate for cash recoveries. The third-party recovery program accounted for more than \$183.7 million in savings for the state MO HealthNet program in FY 08 by cost-avoiding claims and TPL recoveries. Health Plans in the MO HealthNet Managed Care program are responsible for the collection of TPL from commercial health insurance for plan enrollees.

The contractor has historically been successful in areas of recovery that the state is unable to pursue due to staff and computer system limitations. One of which is Health Insurance Recovery. Once the retroactive cash recovery benefit is exhausted, these recovery areas are converted to cost avoidance mechanisms and transferred to the state MMIS claims processing system. The advantage of the contractor is their use of automation to increase TPL recoveries. Information stored in the data base tables includes participant eligibility, insurance carrier, billing addresses, insurance coverage, and other reference information that is necessary for automated billing. The TPL Unit and the contractor will share responsibility for maintaining and updating the data tables, as well as conducting the manual operations that continue to be a part of the recovery program.

Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The TPL Unit concentrates on asserting liens on settlements of trauma-related incidents (which include personal injury, product liability, wrongful death, malpractice, workers' compensation, and traffic accidents). The TPL Unit also files claims for recovery of MO HealthNet expenditures in estate cases, on the personal funds accounts of deceased nursing home residents, and on any excess funds from irrevocable burial plans. For cost avoidance, the TPL Unit operates the Health Insurance Premium Payment (HIPP) Program and maintains the TPL data base where participant insurance information is stored. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties. The following table itemizes the activities performed by the contractor as compared to those performed by the TPL Unit staff, and is followed by descriptions of the primary TPL programs.

TASKS PERFORMED BY THE CONTRACTOR

- ✓ Health insurance billing and follow-up
- ✓ Data matches and associated billing (Tricare, MCHCP, and other insurance carriers such as BCBS, United Healthcare and Aetna)
- ✓ Provide TPL information for state files
- ✓ Post Accounts Receivable data to state A/R system
- ✓ Maintain insurance billing files

The current contractor is Health Management Systems. The contractor is paid for its services on a contingency basis through a portion of cash recoveries.

TASKS PERFORMED BY STATE TPL STAFF

- ✓ Liens, updates and follow-up on Trauma cases
- ✓ Identify and follow-up on all Estate cases
- ✓ Identify, file and follow-up on TEFRA liens
- ✓ Identify and follow-up on Personal Funds cases
- ✓ Recover any excess funds from irrevocable burial plans
- ✓ Operate HIPP program
- ✓ Post recoveries to Accounts Receivable systems
- ✓ Maintain state TPL databases
- ✓ Verification of leads through MMIS contract
- ✓ Contract Oversight

HIPP Program - The objective of the Health Insurance Premium Payment Program (HIPP) is to identify and pay for employer-sponsored insurance policies for MO HealthNet participants to maximize MO HealthNet monies by shifting medical costs to private insurers and exhausting all third party resources before utilizing MO HealthNet. On average, each insurance policy paid by the HIPP program saves \$394 annually.

Trauma Settlement Recovery - The objective is to identify potentially liable third parties and to assert liens on litigation settlements to ensure maximum recovery of MO HealthNet expenditures. Each identification is researched to determine if pursuit is cost effective or even possible.

Personal Funds Recovery - The objective of this program is to identify Personal Funds Account Balances in nursing facilities where the MO HealthNet participant had died and to assert a lien on those funds to recover MO HealthNet expenditures made on behalf of those participants. A cooperative effort is made with the Department of Health and Senior Services to obtain reports of deceased residents in nursing facilities.

Burial Plans Recovery - The objective of this program is to recover MO HealthNet expenditures from any excess funds from irrevocable burial plans. Burial lots and irrevocable burial contracts are exempt from consideration in determining MO HealthNet eligibility (Section 208.010, RSMo). The law also provides that if there are excess funds from irrevocable burial plans, the state should recover the excess up to the amount of public assistance benefits provided to the participant.

Estate Recovery - In this program, expenditures are recovered through identification and filing of claims on estates of deceased MO HealthNet participants. Data matches are coordinated with the Department of Health's Vital Statistics, Family Support county offices' staff and cooperation of other public and private groups. Once cases are established, staff verifies expenditure documentation and assemble data for evidence. The TPL staff appear in court to testify on behalf of the state and explain MO HealthNet policies and procedures.

TEFRA Liens - The Tax Equity and Fiscal Responsibility Act of 1982 authorizes the MO HealthNet program to file a lien as a claim against the real property of certain MO HealthNet participants. The TEFRA lien will be for the debt due the state for medical assistance paid or to be paid on behalf of a MO HealthNet participant. TEFRA was implemented with the filing of 13 CSR 70-4.110 which was effective November 30, 2005. Since the implementation, the amount of recoveries attributable to TEFRA is approximately \$1.8 million.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State: RSMo. 198.090, 208.010, 208.153, 208.215, 473.398, 473.399; Federal law: Social Security Act, Section 1902, 1903, 1906, 1912, 1917; Federal regulation: 42 CFR 433 Subpart D

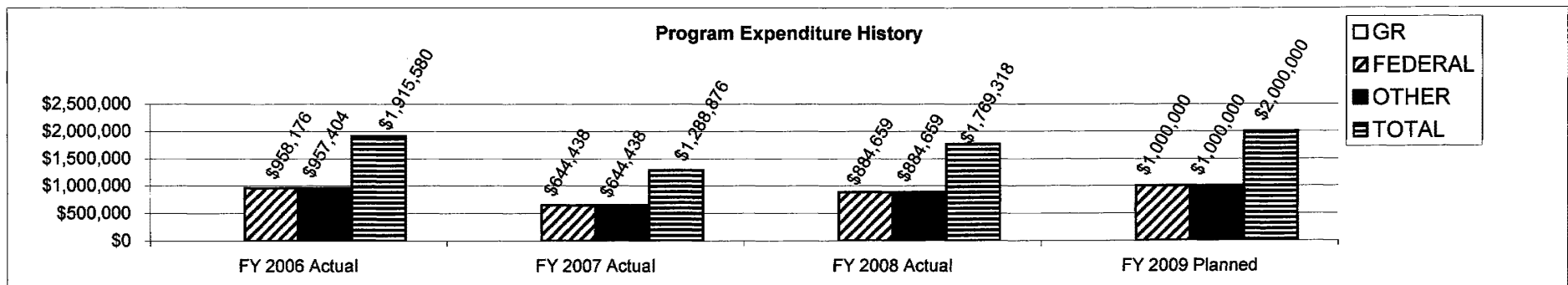
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

Yes, if cost effective. In order to not pursue a TPL claim, the agency must obtain a waiver from CMS by proving that a cost recovery effort is not cost effective.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



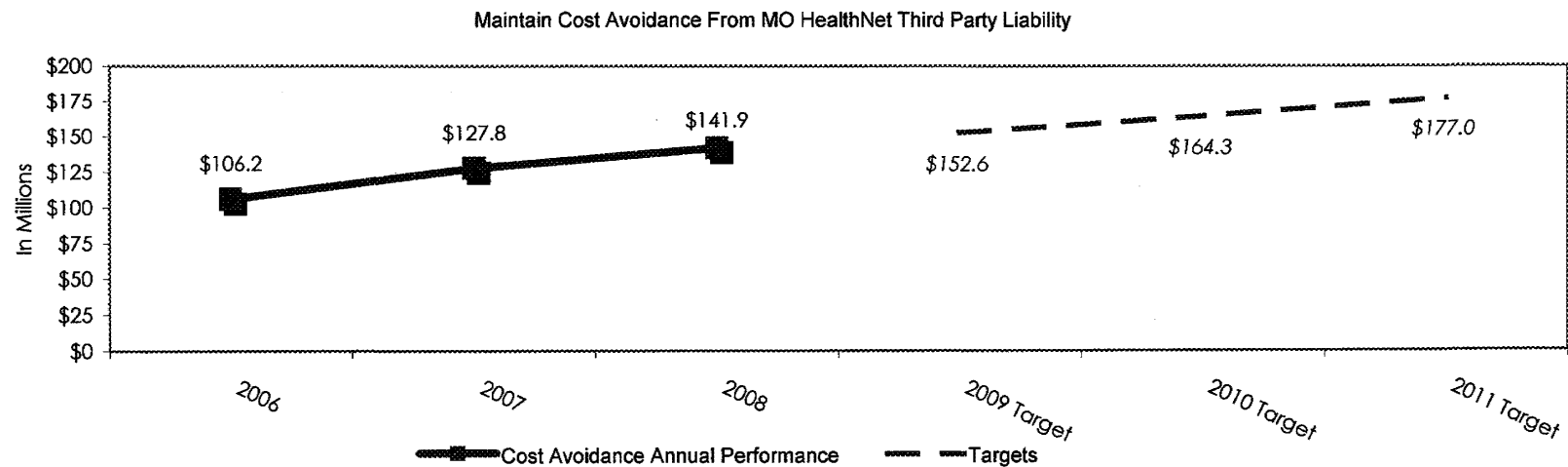
6. What are the sources of the "Other " funds?

Third Party Liability Collections Fund (0120)

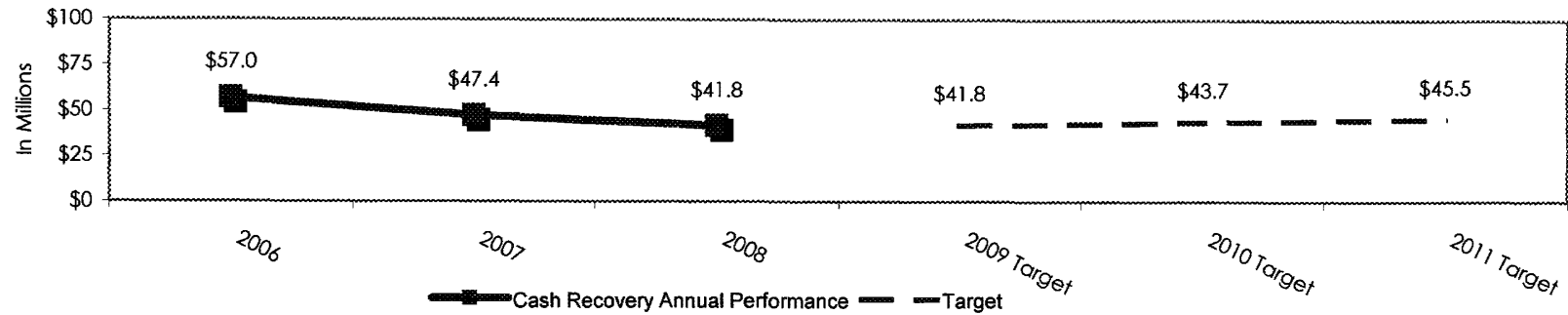
7a. Provide an effectiveness measure.

Third Party Liability Activities as a Percentage of Total Fee for Service Expenditures		
SFY	Actual	Projected
2006	2.8%	3.0%
2007	3.8%	3.0%
2008	3.8%	3.9%
2009		3.9%
2010		3.9%
2011		3.9%

7b. Provide an efficiency measure.



Increase Cash Recoveries From MO HealthNet Third Party Liability



Cash Recoveries by Contractor		
SFY	Actual	Projected
2006	\$26.0 mil	\$25.0 mil
2007	\$18.3 mil	\$21.9 mil
2008	\$15.5 mil	\$16.5 mil
2009		\$16.5 mil
2010		\$16.5 mil
2011		\$16.5 mil

Cash Recoveries by MHD Staff		
SFY	Actual	Projected
2006	\$31.0 mil	\$23.6 mil
2007	\$29.2 mil	\$28.0 mil
2008	\$26.3 mil	\$32.0 mil
2009		\$25.3 mil
2010		\$27.2 mil
2011		\$29.0 mil

The projection in cash recoveries is decreasing due to the following: efforts are being made by MHD to obtain timely health insurance carrier information on a proactive basis as the result of SB 577, Medicare providers are performing on-line adjustments rather than submitting reimbursement by check, and the cash recoveries for the Estate Program are decreasing due to the expanded definition of estate not being in statute and a court decision regarding spousal recovery.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
INFORMATION SYSTEMS								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	5,526,494	0.00	5,697,417	0.00	5,854,917	0.00	5,565,516	0.00
DEPT OF SOC SERV FEDERAL & OTH	23,120,442	0.00	54,791,039	0.00	53,589,250	0.00	53,299,849	0.00
HEALTH CARE TECHNOLOGY FUND	363,267	0.00	5,660,000	0.00	5,296,733	0.00	5,296,733	0.00
TOTAL - EE	29,010,203	0.00	66,148,456	0.00	64,740,900	0.00	64,162,098	0.00
TOTAL	29,010,203	0.00	66,148,456	0.00	64,740,900	0.00	64,162,098	0.00
GRAND TOTAL	\$29,010,203	0.00	\$66,148,456	0.00	\$64,740,900	0.00	\$64,162,098	0.00

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Information Systems

Budget Unit: 90522C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE	5,854,917	53,589,250	5,296,733	64,740,900
PSD				
TRF				
Total	<u>5,854,917</u>	<u>53,589,250</u>	<u>5,296,733</u>	<u>64,740,900</u>
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Healthcare Technology Fund (0170)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE	5,565,516	53,299,849	5,296,733	64,162,098
PSD				
TRF				
Total	<u>5,565,516</u>	<u>53,299,849</u>	<u>5,296,733</u>	<u>64,162,098</u>
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Healthcare Technology Fund (0170)

2. CORE DESCRIPTION

This core request is for the continued funding of Information Systems (IS), which is a component of the Division's total administrative costs. Information Systems is comprised of two program areas, MMIS (Medicaid Management Information System) and the Medicaid Fraud and Abuse Detection system (FADS).

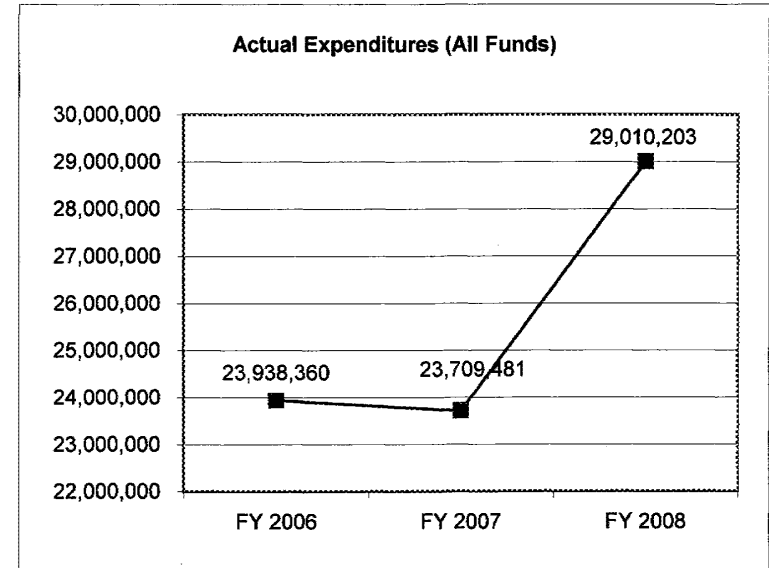
A portion of this funding is a one-time cost to re-engineer the MMIS.

3. PROGRAM LISTING (list programs included in this core funding)

Information Systems

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	24,104,462	25,998,456	66,148,456	66,148,456
Less Reverted (All Funds)	(166,102)	(170,923)	(170,923)	N/A
Budget Authority (All Funds)	23,938,360	25,827,533	65,977,533	N/A
Actual Expenditures (All Funds)	23,938,360	23,709,481	29,010,203	N/A
Unexpended (All Funds)	0	2,118,052	36,967,330	N/A
Unexpended, by Fund:				
General Revenue	0	53,573	0	N/A
Federal	0	2,000,479	31,670,597	N/A
Other	0	64,000	5,296,733	N/A
		(1)	(2)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$1,712,600 federal funds.

(2) Lapsed authority is for one-time MMIS reengineering costs spread over several fiscal years. The FY2010 core includes a reduction for actual FY2008 one-time MMIS reengineering expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
INFORMATION SYSTEMS

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
		EE		0.00	5,697,417	54,791,039	5,660,000	66,148,456	
		Total		0.00	5,697,417	54,791,039	5,660,000	66,148,456	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1475 4192	EE		0.00	0	(3,269,402)	0	(3,269,402)	Core cut FY 2008 one-time expenditures for MMIS Reengineering.
Core Reduction	1475 3687	EE		0.00	0	0	(363,267)	(363,267)	Core cut FY 2008 one-time expenditures for MMIS Reengineering.
Core Reallocation	1083 1439	EE		0.00	0	2,067,613	0	2,067,613	Transfer funding for Managed Care Enrollment functions. This is now part of the MMIS contract.
Core Reallocation	1083 1438	EE		0.00	157,500	0	0	157,500	Transfer funding for Managed Care Enrollment functions. This is now part of the MMIS contract.
NET DEPARTMENT CHANGES				0.00	157,500	(1,201,789)	(363,267)	(1,407,556)	
DEPARTMENT CORE REQUEST									
		EE		0.00	5,854,917	53,589,250	5,296,733	64,740,900	
		Total		0.00	5,854,917	53,589,250	5,296,733	64,740,900	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	2497 1439	EE		0.00	0	(289,401)	0	(289,401)	
Core Reduction	2497 1438	EE		0.00	(289,401)	0	0	(289,401)	
NET GOVERNOR CHANGES				0.00	(289,401)	(289,401)	0	(578,802)	
GOVERNOR'S RECOMMENDED CORE									
		EE		0.00	5,565,516	53,299,849	5,296,733	64,162,098	
		Total		0.00	5,565,516	53,299,849	5,296,733	64,162,098	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
INFORMATION SYSTEMS								
CORE								
COMMUNICATION SERV & SUPP	0	0.00	898	0.00	898	0.00	898	0.00
PROFESSIONAL SERVICES	27,874,175	0.00	64,897,558	0.00	63,490,002	0.00	62,911,200	0.00
M&R SERVICES	1,136,028	0.00	1,250,000	0.00	1,250,000	0.00	1,250,000	0.00
TOTAL - EE	29,010,203	0.00	66,148,456	0.00	64,740,900	0.00	64,162,098	0.00
GRAND TOTAL	\$29,010,203	0.00	\$66,148,456	0.00	\$64,740,900	0.00	\$64,162,098	0.00
GENERAL REVENUE	\$5,526,494	0.00	\$5,697,417	0.00	\$5,854,917	0.00	\$5,565,516	0.00
FEDERAL FUNDS	\$23,120,442	0.00	\$54,791,039	0.00	\$53,589,250	0.00	\$53,299,849	0.00
OTHER FUNDS	\$363,267	0.00	\$5,660,000	0.00	\$5,296,733	0.00	\$5,296,733	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

1. What does this program do?

PROGRAM SYNOPSIS: Information Systems processes fee-for-service claims and managed care encounter data through a contractor for the Medicaid Management Information Systems (MMIS) and provides for operation of the Medicaid Fraud and Abuse Detection System. Beginning FY2008, MO HealthNet Managed Care enrollment broker services are provided for under the MMIS contract.

The Information Systems (IS) program area includes the MMIS contract, the Medicaid Fraud and Abuse Detection System (FADS) contract, the Provider Enrollment Unit and the contract for the enrollment services for the MO HealthNet Managed Care Program. The primary function of Information Systems is to provide the tools and data needed to support administrative and financial decisions and to process fee-for-service claims and MO HealthNet Managed Care encounter data. IS focuses on the gathering, maintenance, analysis, and output of information and data related to claims and a multitude of claims-related interfaces. It is additionally responsible for providing the software and hardware support needed to measure, analyze, assess and manipulate this information in the process of decision making and formulating and testing new systems.

The State contracts with a private entity to operate the subsystems of the Medicaid Management Information System. The subsystems include Claims Processing, Management and Analysis Reporting, Surveillance and Utilization, Reference, Provider, Participant, Third Party Liability and Financial. In order to maintain quality management of MO HealthNet claims, the MO HealthNet Division requires the fiscal agent to:

- Maintain and enhance a highly automated MO HealthNet claims processing and information retrieval system.
- Process MO HealthNet claims involving over 39,900 providers of 68 different types, such as hospitals, physicians, dentists, ambulance service providers, nursing homes, therapists, hospices, and managed care health plans.
- Perform manual tasks associated with processing MO HealthNet claims, and to retrieve and produce utilization and management information that is required by the Division and/or various agencies within the federal government. For example, semi-annual utilization reports are generated for the Program Integrity unit to allow staff to detect and investigate over-utilization patterns and abuse. Third Party Liability (TPL) reports are produced that allow tracking of cost avoidance on claims and provide the capability to perform cost recovery functions.
- Provide capabilities and/or communications with the Department and the Division via on-line data links to facilitate transfers of data and monitoring of contract issues using menu driven reports and communications via electronic mail.
- Provide technical support to Managed Care health plans in the maintenance of data lines and the transfer of daily enrollment files and encounter data.

The MMIS is run on a mainframe computer system. There are approximately 35 programmers employed by the fiscal agent to maintain this system. The Interactive Voice Response (IVR) has the availability of approximately 70 incoming lines. The IVR hardware and software allows immediate access to eligibility, payment and claim status information.

The Imaging System allows document storage and retrieval along with a report repository. The fiscal agent supports a web application (www.emomed.com) that supports various provider functions such as claims data entry, send and receive files, electronic remittance advice along with real-time inquiries of claims, attachments, prior authorizations, eligibility and payment status.

The state began contracting MMIS with a contractor in 1979. The latest MMIS contract began in FY2008 and was awarded to Infocrossing, Inc. It consists of one year for takeover and transition, six years contracted for operations, and renewable for three one-year extensions. This new MMIS contract includes seventeen (17) major enhancements scheduled to be implemented over the first few years of the contract period. The highlights of this re-engineering include a new relational database, a rules engine, and browser-based functionality.

Claims Processing

Claims processing changes with the two programs, the fee-for-service program versus MO HealthNet Managed Care. Under the fee-for-service program, claims are processed for payment to the provider. Services under MO HealthNet Managed Care which are covered by the capitation payment do not generate a claim. Whomever provides the service is reimbursed by a health plan. The service still results in involvement by IS through the processing of encounter claims. An encounter claim is the same as a regular claim in terms of the information processed such as patient identification, diagnosis and the service(s) provided; it is just not subject to payment. The MO HealthNet Division needs the encounter claim to know what services are being provided to managed care enrollees so encounter claims are transmitted by health plans to the fiscal agent where they are processed and the data is stored.

Managed Care Impact: The primary issue reflecting the increased demand on Information Systems with the advent of the MO HealthNet Managed Care program is interfacing with numerous different data processing systems. The MMIS system must now "talk" to the system run by the enrollment contractor and each of the seven individual health plans that contract with the state for Managed Care. Success of the Managed Care program is data-driven. The agency needs encounter data from the health plans in order to see what services are being provided to agency clients, otherwise on-site audits of thousands of providers would be required. The biggest demand is staff time to work with individual health plans when they have system problems involving the processing of Managed Care information.

Average claims processing time continues to decrease due to electronic claims processing increases and also due to system improvements. In FY95, the average processing time was 3.03 days. In FY96, it improved to 2.15 days and remained about the same in FY97 at 2.22 days. The average processing time for adjudicating claims in FY99 was 1.81 days, in FY00 was 2.07 days, in FY01 was 1.24 days, in FY02 was 1.77 days, in FY03 was 1.53 days, in FY04 was 1.58 days, in FY05 was 1.24 days, in FY06 was .91 days, FY07 was .90 days and in FY08 it was .74 days.

Fraud and Abuse Detection System

The implementation of a Medicaid Fraud and Abuse Detection System (FADS) occurred in October 2004. The system is designed to maximize the return on investment in fraud and abuse programs. This system assists staff in monitoring utilization and program compliance by providers and participants within the MO HealthNet program on a post-payment basis to enforce Federal and State Medicaid policy and program restrictions.

Provider Enrollment Unit

The Provider Enrollment Unit is responsible for maintaining the provider records for all providers enrolled with MO HealthNet. This unit must ensure compliance with all federal and state rules and regulations regarding enrollment of providers in MO HealthNet.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166 and 208.201; Federal law: Social Security Act Section 1902(a)(4), 1903(a)(3) and 1915(b); Federal Regulation 42 CFR 433(C) and 438; State Children's Health Insurance Program State Plan Amendment.

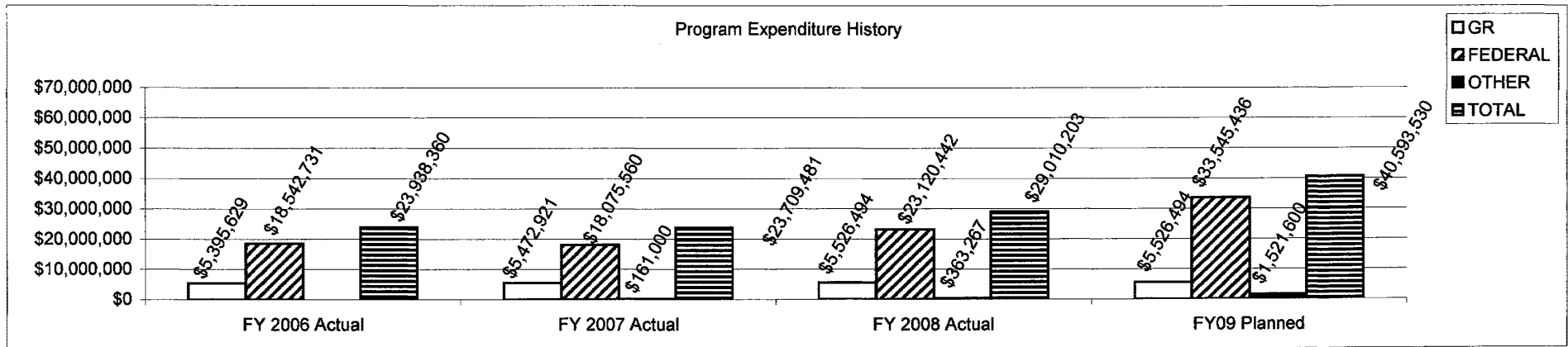
3. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Approved system enhancements earn 90% FFP and require 10% state share. Postage and Medicaid administrative expenditures earn 50% FFP and requires 50% state share.

4. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.

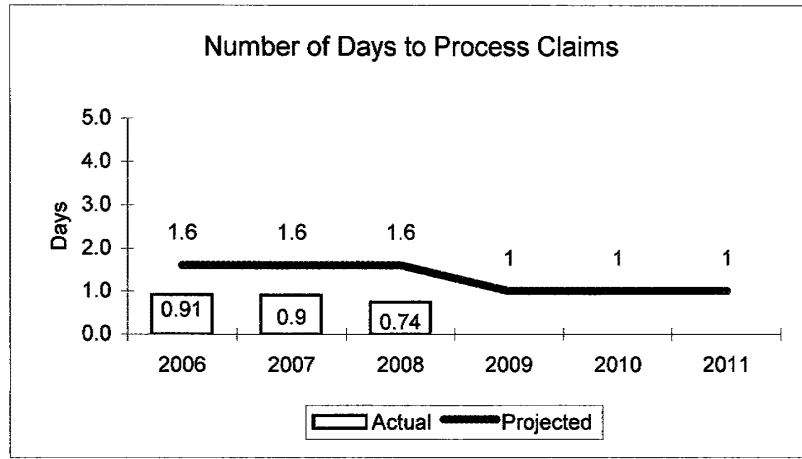


FY2009 planned expenditures include one-time MMIS reengineering costs. Some costs will carry into subsequent fiscal years. The FY2009 planned reflects estimated FY2009 spending.

6. What are the sources of the "Other" funds?

Healthcare Technology Fund (0170)

7a. Provide an effectiveness measure.



7b. Provide an efficiency measure.

Number of Calls Received by Participant Services Unit		
FY	Actual	Projected
2006	199,905	
2007	210,153	
2008	218,611	
2009		220,000
2010		220,000
2011		220,000

Number of Calls Received by Provider Relations Unit		
FY	Actual	Projected
2006	86,896	
2007	88,910	
2008	133,624	
2009		135,000
2010		135,000
2011		135,000

7c. Provide the number of clients/individuals served, if applicable.

Payment and Encounter Claims Processed		
FY	Actual	Projected
2006	81.1 mil	86.1 mil
2007	75.6 mil	85.2 mil
2008	77.8 mil	85.2 mil
2009		80.0 mil
2010		82.3 mil
2011		84.7 mil

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
MC+ ENROLLMENT									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	157,500	0.00	0	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	1,894,731	0.00	2,067,613	0.00	0	0.00	0	0.00	
TOTAL - EE	1,894,731	0.00	2,225,113	0.00	0	0.00	0	0.00	
TOTAL	1,894,731	0.00	2,225,113	0.00	0	0.00	0	0.00	
GRAND TOTAL	\$1,894,731	0.00	\$2,225,113	0.00	\$0	0.00	\$0	0.00	

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: MO HealthNet Managed Care Enrollment Broker

Budget Unit: 90525C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

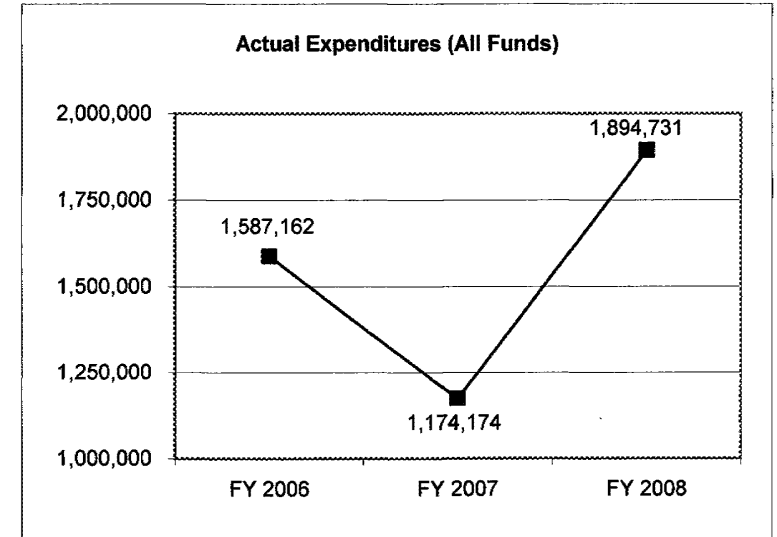
This core request is for the funding of the Health Benefit Manager (HBM) contract. The enrollment contract provides all enrollment services, client outreach, and education for the Managed Care program. In FY10 this funding is moving to Information Systems core.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care Enrollment

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	1,910,113	1,910,113	1,910,113	2,225,113
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,910,113	1,910,113	1,910,113	N/A
Actual Expenditures (All Funds)	1,587,162	1,174,174	1,894,731	N/A
Unexpended (All Funds)	322,951	735,939	15,382	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	322,951	735,939	15,382	N/A
Other	0	0	0	N/A
	(1)	(1)		
		(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) SB 539 eligibility reductions

(2) Agency reserve of \$115,959 Federal funds.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MC+ ENROLLMENT

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	157,500	2,067,613	0	2,225,113	
		Total	0.00	157,500	2,067,613	0	2,225,113	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	1252 3716	EE	0.00	0	(2,067,613)	0	(2,067,613)	Transfer Managed Care Enrollment functions to Information Systems. This is now part of the MMIS contract.
Core Reallocation	1252 3715	EE	0.00	(157,500)	0	0	(157,500)	Transfer Managed Care Enrollment functions to Information Systems. This is now part of the MMIS contract.
NET DEPARTMENT CHANGES			0.00	(157,500)	(2,067,613)	0	(2,225,113)	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	0	0	0	
		Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	0	0	0	
		Total	0.00	0	0	0	0	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MC+ ENROLLMENT								
CORE								
PROFESSIONAL SERVICES	1,894,731	0.00	2,225,113	0.00	0	0.00	0	0.00
TOTAL - EE	1,894,731	0.00	2,225,113	0.00	0	0.00	0	0.00
GRAND TOTAL	\$1,894,731	0.00	\$2,225,113	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$157,500	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$1,894,731	0.00	\$2,067,613	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Managed Care Enrollment

Program is found in the following core budget(s): MC+ Enrollment Broker

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for the Health Benefit Manager Contract. The contractor provides all enrollment services for the MO HealthNet Managed Care Program.

The funds from this core are being transferred to the Information Systems core. Please see that program description for more information on Managed Care enrollment.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166; Federal law: Social Security Act Section 1915(b), State Children's Health Insurance Program State Plan Amendment; Federal Regulation: 42 CFR 438

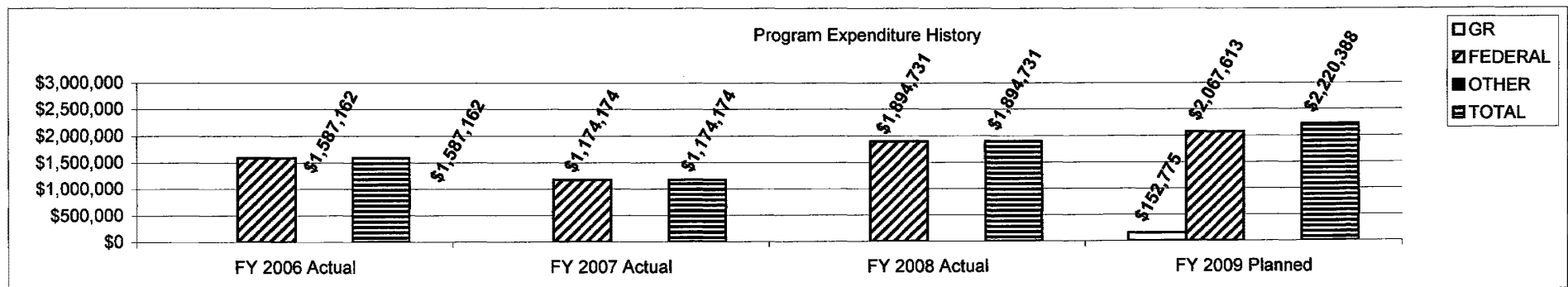
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MHN PARTICIPANT CASE MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	1,810,000	0.00	13,522,716	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	16,707,038	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,810,000	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	3,620,000	0.00	30,229,754	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	11,712,716	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	18,081,360	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	29,794,076	0.00	0	0.00	0	0.00
TOTAL	0	0.00	33,414,076	0.00	30,229,754	0.00	0	0.00
FMAP adjustment - 1886020								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	3,184,322	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	3,184,322	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,184,322	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$33,414,076	0.00	\$33,414,076	0.00	\$0	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: MO HealthNet Participant Case Management

Budget Unit: 90527C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	13,522,716	16,707,038		30,229,754
PSD				
TRF				
Total	13,522,716	16,707,038		30,229,754
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	0	0		0
PSD				
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

2. CORE DESCRIPTION

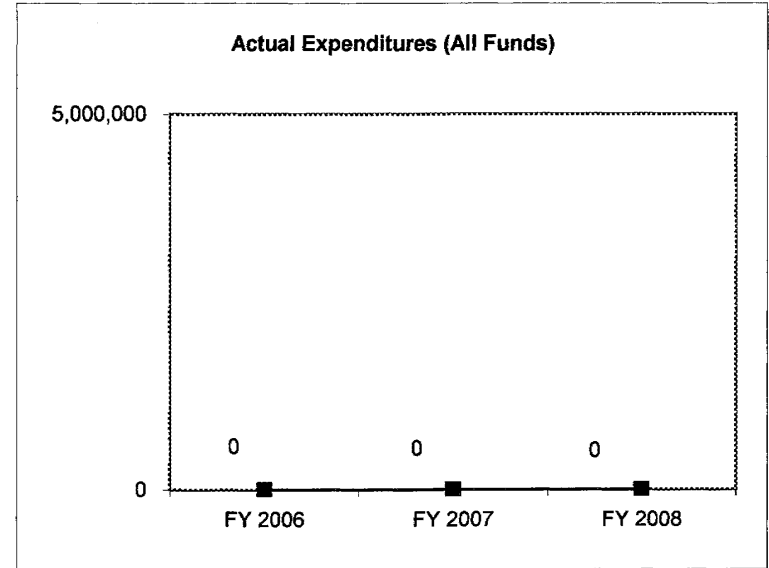
Funds coordinated care for about 212,000 fee for service MO HealthNet participants. The elements of MO HealthNet care coordinator are integral to the transformation effort codified in SB 577 (2007).

3. PROGRAM LISTING (list programs included in this core funding)

MO HealthNet Participant Case Management

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	0	0	33,414,076
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	0	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(1)	(1)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) New core for FY 09

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MHN PARTICIPANT CASE MGMT

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	1,810,000	1,810,000	0	3,620,000	
				PD	0.00	11,712,716	18,081,360	0	29,794,076	
				Total	0.00	13,522,716	19,891,360	0	33,414,076	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	1476	2676		EE	0.00	0	(3,184,322)	0	(3,184,322)	FMAP adjustment
Core Reallocation	384	2676		EE	0.00	0	19,891,360	0	19,891,360	
Core Reallocation	384	2648		EE	0.00	0	(1,810,000)	0	(1,810,000)	
Core Reallocation	384	2645		EE	0.00	11,712,716	0	0	11,712,716	
Core Reallocation	384	2676		PD	0.00	0	(18,081,360)	0	(18,081,360)	
Core Reallocation	384	2645		PD	0.00	(11,712,716)	0	0	(11,712,716)	
NET DEPARTMENT CHANGES					0.00	0	(3,184,322)	0	(3,184,322)	
DEPARTMENT CORE REQUEST										
				EE	0.00	13,522,716	16,707,038	0	30,229,754	
				PD	0.00	0	0	0	0	
				Total	0.00	13,522,716	16,707,038	0	30,229,754	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS										
Core Reduction	2500	2676		EE	0.00	0	(16,707,038)	0	(16,707,038)	
Core Reduction	2500	2645		EE	0.00	(13,522,716)	0	0	(13,522,716)	
NET GOVERNOR CHANGES					0.00	(13,522,716)	(16,707,038)	0	(30,229,754)	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	0	0	0	

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CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**MHN PARTICIPANT CASE MGMT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MHN PARTICIPANT CASE MGMT								
CORE								
PROFESSIONAL SERVICES	0	0.00	3,620,000	0.00	30,229,754	0.00	0	0.00
TOTAL - EE	0	0.00	3,620,000	0.00	30,229,754	0.00	0	0.00
PROGRAM DISTRIBUTIONS	0	0.00	29,794,076	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	29,794,076	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$33,414,076	0.00	\$30,229,754	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$13,522,716	0.00	\$13,522,716	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$19,891,360	0.00	\$16,707,038	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Participant Case Management

Program is found in the following core budget(s): Participant Case Management

1. What does this program do?

Participant Case Management is at the heart of the transformation of the state's Medicaid program to MO HealthNet. Participant Case Management focuses on health, wellness and prevention so that each participant can experience their optimal level of health.

MO HealthNet promotes wellness by emphasizing coordinated care – the elements of MO HealthNet care coordination are so integral to the transformation effort that they were codified in SB 577 (2007).

Section 208.950.2 RSMo requires all MO HealthNet participants to be enrolled with a health care home.

Section 208.950.7 RSMo. Requires all MO HealthNet participants to be given a health risk assessment and have a plan of care.

This program provides about 212,000 fee for service participants coordinated care options. The key elements of Participant Case Management include:

Health Care Home Enrollment

The health care home serves as the participants' home base for health care, where a team of health professionals know the participant's medical and health history and can recommend care, early detection, prevention services and treatment.

Completion of the Risk Assessment

A standardized assessment of the participant's health status and health risk factors, supported by direct interview and medical claims information is conducted. This assessment is not a medical examination. The risk assessment provides the physician with data to help determine the intensity of care needs, potential medication related problems, and participant's links with the medical system.

Development of a General Plan of Care

Evidence-based medical and wellness guidelines are established for participants based upon their personal health history, claims history, and risk assessment findings. These are documented electronically and made available to the team of the health care home. The general plan of care guidelines are suggested by the participant's risk assessment. The plan of care is reviewed, modified and approved by the participant's primary care provider in their health care home.

Plan of Care Monitoring

Once the primary care provider in the health care home modifies and approves the plan of care, the vendor's personnel will assist the health care home team in assuring that the participant adheres to critical elements of the care plan.

As of September 2008, DSS has solicited and received bids for an Administrative Service Organization (ASO) to provide fee for service coordinated care for the Northwest region of the state and expanded a contract with the current Chronic Care Improvement contractor (APS Healthcare) to provide coordinated care in other regions of the state.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 208.950, RSMo. (2007).

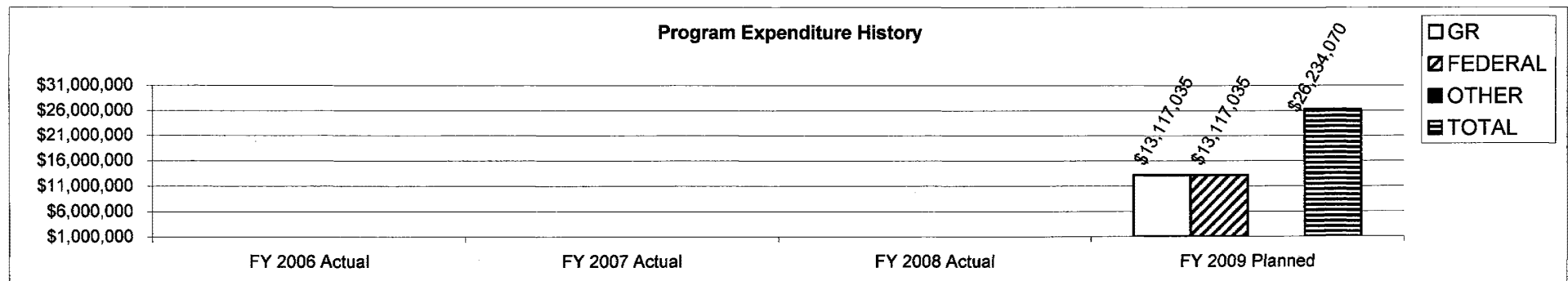
3. Are there federal matching requirements? If yes, please explain.

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding.

4. Is this a federally mandated program? If yes, please explain.

Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

SFY	Case Management Participants	
	Actual	Projected
2006	N/A	
2007	N/A	
2008	N/A	
2009		212,046
2010		215,000
2011		220,000

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	11,737,415	0.00	500,000	0.00	12,000,000	0.00	12,000,000	0.00
TITLE XIX-FEDERAL AND OTHER	10,360,082	0.00	500,000	0.00	15,300,000	0.00	15,300,000	0.00
LIFE SCIENCES RESEARCH TRUST	106,784	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	22,204,281	0.00	1,000,000	0.00	27,300,000	0.00	27,300,000	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	86,184,265	0.00	150,026,710	0.00	150,306,982	0.00	146,835,157	0.00
TITLE XIX-FEDERAL AND OTHER	354,875,978	0.00	495,449,949	0.00	506,918,176	0.00	506,918,176	0.00
PHARMACY REBATES	80,206,121	0.00	67,706,121	0.00	67,730,097	0.00	67,730,097	0.00
THIRD PARTY LIABILITY COLLECT	4,093,924	0.00	5,271,334	0.00	5,252,468	0.00	5,252,468	0.00
PHARMACY REIMBURSEMENT ALLOWAN	31,141,351	0.00	31,141,351	0.00	31,141,351	0.00	31,141,351	0.00
HEALTH INITIATIVES	0	0.00	969,293	0.00	969,293	0.00	969,293	0.00
HEALTHY FAMILIES TRUST	1,041,034	0.00	1,041,034	0.00	1,041,034	0.00	1,041,034	0.00
LIFE SCIENCES RESEARCH TRUST	21,643,216	0.00	28,725,000	0.00	0	0.00	24,974,651	0.00
PREMIUM	0	0.00	3,800,000	0.00	3,800,000	0.00	3,800,000	0.00
TOTAL - PD	579,185,889	0.00	784,130,792	0.00	767,159,401	0.00	788,662,227	0.00
TOTAL	601,390,170	0.00	785,130,792	0.00	794,459,401	0.00	815,962,227	0.00
Replace Life Science Trust - 1886012								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	28,725,000	0.00	3,750,349	0.00
TOTAL - PD	0	0.00	0	0.00	28,725,000	0.00	3,750,349	0.00
TOTAL	0	0.00	0	0.00	28,725,000	0.00	3,750,349	0.00
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	8,658,682	0.00	8,548,896	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	15,207,584	0.00	15,317,370	0.00
TOTAL - PD	0	0.00	0	0.00	23,866,266	0.00	23,866,266	0.00
TOTAL	0	0.00	0	0.00	23,866,266	0.00	23,866,266	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Pharmacy PMPM Increase - 1886015								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	10,342,465	0.00	10,031,287	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	43,104,901	0.00	43,416,079	0.00
PHARMACY REBATES	0	0.00	0	0.00	14,200,000	0.00	14,200,000	0.00
TOTAL - PD	0	0.00	0	0.00	67,647,366	0.00	67,647,366	0.00
TOTAL	0	0.00	0	0.00	67,647,366	0.00	67,647,366	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,170,853	0.00	6,642,678	0.00
TOTAL - PD	0	0.00	0	0.00	3,170,853	0.00	6,642,678	0.00
TOTAL	0	0.00	0	0.00	3,170,853	0.00	6,642,678	0.00
Smoking Cessation - 1886050								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	4,248,297	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,461,453	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	11,709,750	0.00	0	0.00
TOTAL	0	0.00	0	0.00	11,709,750	0.00	0	0.00
Pharmacy Reimbursement Allowan - 1886047								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	19,156,526	0.00	19,156,526	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	10,907,074	0.00	10,907,074	0.00
TOTAL - PD	0	0.00	0	0.00	30,063,600	0.00	30,063,600	0.00
TOTAL	0	0.00	0	0.00	30,063,600	0.00	30,063,600	0.00
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	6,230,162	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	11,162,809	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	17,392,971	0.00
TOTAL	0	0.00	0	0.00	0	0.00	17,392,971	0.00
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	932,593	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	1,670,960	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	2,603,553	0.00
TOTAL	0	0.00	0	0.00	0	0.00	2,603,553	0.00
GRAND TOTAL	\$601,390,170	0.00	\$785,130,792	0.00	\$959,642,236	0.00	\$967,929,010	0.00

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	12,000,000	15,300,000		27,300,000
PSD	150,288,116	506,918,176	109,953,109	767,159,401 E
TRF				
Total	162,288,116	522,218,176	109,953,109	794,459,401 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Pharmacy Rebates Fund (0114)
Third Party Liability Collections Fund (TPL) (0120)
Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)
Premium Fund (0885)

Note: An "E" is requested for Pharmacy Rebates Fund (0114)
and for the Pharmacy Reimbursement Allowance Fund (0144)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	12,000,000	15,300,000		27,300,000
PSD	146,835,157	506,918,176	134,908,894	788,662,227 E
TRF				
Total	158,835,157	522,218,176	134,908,894	815,962,227 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Pharmacy Rebates Fund (0114)
Third Party Liability Collections Fund (TPL) (0120)
Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)
Premium Fund (0885)
Life Sciences Research Trust Fund (0763)

Note: An "E" is requested for Pharmacy Rebates Fund (0114)
and for the Pharmacy Reimbursement Allowance Fund (0144)

2. CORE DESCRIPTION

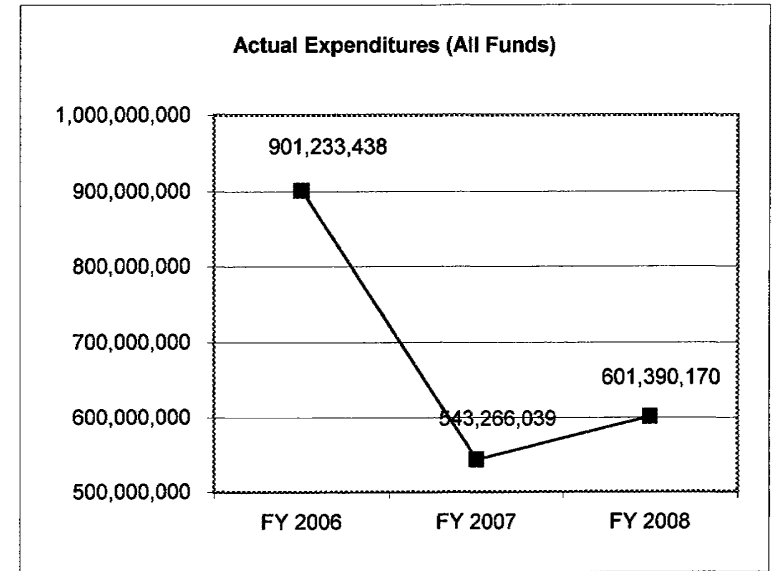
This core request is for the continued funding of the pharmacy fee-for-service program. Funding provides pharmacy services for the non-managed care MO HealthNet population and for the managed care population beginning October 1, 2009. Funding is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	901,439,230	663,627,151	781,079,605	785,130,792
Less Reverted (All Funds)	(29,079)	(7,776,315)	(14,500,000)	N/A
Budget Authority (All Funds)	901,410,151	655,850,836	766,579,605	N/A
Actual Expenditures (All Funds)	901,233,438	543,266,039	601,390,170	N/A
Unexpended (All Funds)	176,713	112,584,797	165,189,435	N/A
Unexpended, by Fund:				
General Revenue	0	7,289,531	55,911,179	N/A
Federal	1	80,605,536	103,331,553	N/A
Other	176,712	24,689,730	5,946,703	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$176,712 Healthy Families Trust Fund-Health Care Account (HFT). Expenditures totaling \$408 were paid from Supplemental Pool.

(2) Agency reserve of \$5,250,000 Life Science Research Trust Fund.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

PHARMACY

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			EE	0.00	500,000	500,000	0	1,000,000	
			PD	0.00	150,026,710	495,449,949	138,654,133	784,130,792	
			Total	0.00	150,526,710	495,949,949	138,654,133	785,130,792	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1478 2526	PD		0.00	0	(17,563,396)	0	(17,563,396)	Pharmacy Core Savings
Core Reduction	1478 2525	PD		0.00	(10,000,000)	0	0	(10,000,000)	Pharmacy Core Savings
Core Reduction	1479 2525	PD		0.00	(3,170,853)	0	0	(3,170,853)	FMAP adjustment
Core Reduction	1480 3051	PD		0.00	0	0	(28,725,000)	(28,725,000)	Core cut one time Life Sciences core funding source. Corresponding GR NDI.
Core Reallocation	385 2526	EE		0.00	0	14,800,000	0	14,800,000	
Core Reallocation	385 2525	EE		0.00	11,500,000	0	0	11,500,000	
Core Reallocation	385 2525	PD		0.00	(11,500,000)	0	0	(11,500,000)	
Core Reallocation	385 2526	PD		0.00	0	(14,800,000)	0	(14,800,000)	
Core Reallocation	1477 6995	PD		0.00	0	0	(18,866)	(18,866)	Core swap Pharmacy GR for Rebates budgeted in MO HealthNet Admin.
Core Reallocation	1477 2525	PD		0.00	(5,110)	0	0	(5,110)	Core swap Pharmacy GR for Rebates budgeted in MO HealthNet Admin.
Core Reallocation	1477 1394	PD		0.00	0	0	23,976	23,976	Core swap Pharmacy GR for Rebates budgeted in MO HealthNet Admin.
Core Reallocation	1481 2526	PD		0.00	0	43,831,623	0	43,831,623	Transfer in estimated Managed Care pharmacy costs from Managed Care for 9 months of Managed Care Pharmacy Carve Out.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES PHARMACY

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	1481	2525	PD	0.00	24,956,235	0	0	24,956,235	Transfer in estimated Managed Care pharmacy costs from Managed Care for 9 months of Managed Care Pharmacy Carve Out.
NET DEPARTMENT CHANGES				0.00	11,780,272	26,268,227	(28,719,890)	9,328,609	
DEPARTMENT CORE REQUEST									
			EE	0.00	12,000,000	15,300,000	0	27,300,000	
			PD	0.00	150,306,982	506,918,176	109,934,243	767,159,401	
			Total	0.00	162,306,982	522,218,176	109,934,243	794,459,401	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1479	2525	PD	0.00	(3,471,825)	0	0	(3,471,825)	FMAP adjustment
Core Reduction	1480	3051	PD	0.00	0	0	24,974,651	24,974,651	Core cut one time Life Sciences core funding source. Corresponding GR NDI.
NET GOVERNOR CHANGES				0.00	(3,471,825)	0	24,974,651	21,502,826	
GOVERNOR'S RECOMMENDED CORE									
			EE	0.00	12,000,000	15,300,000	0	27,300,000	
			PD	0.00	146,835,157	506,918,176	134,908,894	788,662,227	
			Total	0.00	158,835,157	522,218,176	134,908,894	815,962,227	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
CORE								
PROFESSIONAL SERVICES	22,204,281	0.00	1,000,000	0.00	27,300,000	0.00	27,300,000	0.00
TOTAL - EE	22,204,281	0.00	1,000,000	0.00	27,300,000	0.00	27,300,000	0.00
PROGRAM DISTRIBUTIONS	579,185,889	0.00	784,130,792	0.00	767,159,401	0.00	788,662,227	0.00
TOTAL - PD	579,185,889	0.00	784,130,792	0.00	767,159,401	0.00	788,662,227	0.00
GRAND TOTAL	\$601,390,170	0.00	\$785,130,792	0.00	\$794,459,401	0.00	\$815,962,227	0.00
GENERAL REVENUE	\$97,921,680	0.00	\$150,526,710	0.00	\$162,306,982	0.00	\$158,835,157	0.00
FEDERAL FUNDS	\$365,236,060	0.00	\$495,949,949	0.00	\$522,218,176	0.00	\$522,218,176	0.00
OTHER FUNDS	\$138,232,430	0.00	\$138,654,133	0.00	\$109,934,243	0.00	\$134,908,894	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for pharmacy services for fee-for-service MO HealthNet participants.

This Pharmacy Services appropriation provides funding for fee-for-service eligibles for prescription drugs produced by manufacturers for which there exists a rebate agreement between the manufacturer and the federal Department of Health and Human Services (HHS) and dispensed by qualified providers. Since January 1, 1991, the MO HealthNet program has provided reimbursement for all outpatient drugs (except for those which are specifically excluded or for which prior authorization is necessary) for which there is a manufacturer's rebate agreement. While over-the-counter preparations do not require a prescription for sale to the general public, a prescription for those selected types of over-the-counter products that qualify for MO HealthNet coverage is required in order for the product to be reimbursable. In general terms, MO HealthNet drug reimbursement is made at the lower of: the Wholesale Acquisition Cost (WAC) plus 10%; the Federal Upper Limit (FUL); the Missouri Maximum Acquisition Cost (MAC); or the billed charge.

The U.S. Congress created the Medicaid outpatient prescription drug rebate program when it enacted the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). The goal of the program is to reduce the cost of outpatient prescription drugs by requiring drug manufacturers to pay a rebate directly to state Medicaid programs. The purpose of the program is to reduce the cost of prescription drugs without placing an undue burden on pharmacies by requiring the drug manufacturers to pay a rebate directly to the state Medicaid programs. The intent of this rebate is to allow the state and federal governments to receive price reductions similar to those received by other high volume purchasers of drugs.

Rebate Program

OBRA '90 requires all drug manufacturers to enter into a drug rebate agreement with the Department of Health and Human Services before their product lines will be eligible for coverage by Medicaid. Currently, 500 manufacturers have signed agreements with Centers for Medicare and Medicaid Services (CMS) and participate in the Drug Rebate Program. Approximately 400 manufacturers have products dispensed and are invoiced quarterly. Once the drug manufacturer has entered into the agreement, the state Medicaid programs are required to provide coverage of the manufacturers' drug products. However, the state has the option of excluding certain categories of the manufacturer's products or requiring prior authorization for reimbursement of products. Manufacturers are required to calculate and make rebate payments to the state Medicaid agency for the manufacturer's covered outpatient drugs reimbursed by the state during each quarter. Manufacturers are to be invoiced no later than sixty days after the end of each calendar quarter and are required to make payment for the calculated drug rebate directly to the state Medicaid program within 38 days of invoicing. For generic drugs, the rebate amount is currently 11% of Average Manufacturer Price (AMP). For multi-source drugs, the rebate is the greater of 15% of AMP or the difference between the AMP and the manufacturer's "best price", plus CPI-U factors. The manufacturer has the option of disputing the calculated drug rebate amount if the manufacturer disagrees with the state's drug utilization data. The manufacturer is required to report the nature of the dispute to the state, and the state is then responsible for resolving the dispute through negotiation or a hearing process, if necessary. Approximately 37% of the total rebates collected are used as a state share funding source rather than using General Revenue funds. The approximate 63% federal share of the rebates collected is returned to the federal government.

Prior Authorization

Any covered outpatient drug can be subject to prior authorization. Effective August 1, 1992, a prior authorization (PA) process was implemented for certain specific drugs under the pharmacy program.

Drug PA requests are received via telephone, fax or mail. All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which a PA is being requested. As specified in OBRA 90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of receipt. All requests must include all required information. Requests received with insufficient information for review or received from someone other than a physician will not initiate a PA review nor the 24-hour response period. Drug PA requests received via telephone are keyed on-line and notification of approval will be given at the time of the call or by return FAX or phone call. The MO HealthNet Technicians who staff this hotline work through algorithms developed by the Drug Prior Authorization Committee with the assistance of UMKC-DIC, School of Pharmacy. These algorithms are sets of questions used to make a determination to approve or deny the request. Making the prior authorization determination on-line allows the PA file to be updated immediately. For approvals, the requestor will be given an authorization period. Pharmacies may record this information for this purpose as well.

Board and Committee Support and Oversight

The MO HealthNet Division operates both prospective and retrospective Drug Utilization Review (DUR) as required by federal and state law. The DUR program is focused on educating health care providers in the appropriate use of medications, and informing providers of potential drug therapy problems found in the review of drug and diagnostic information obtained from MO HealthNet claims history. The DUR Board is central to all DUR program activities, and its duties and membership requirements are specified in state and federal law. DUR Board members are appointed by the Governor with advice and consent of the Senate, and its 13 members include six physicians, six pharmacists, and one quality assurance nurse.

In an ongoing process, the DUR Board reviews and makes changes to the clinical therapeutic criteria used to generate prospective and retrospective DUR interventions. The DUR Board also advises the Division on other issues related to appropriate drug therapy and produces a quarterly newsletter for providers on selected drug topics. In addition to the Board, there is a Regional DUR Committee. The regional committee is comprised of physicians and pharmacists who evaluate individual MO HealthNet participants' retrospective drug regimens and advise their providers on appropriate drug use or potentially problematic drug therapies.

The MO HealthNet Drug Prior Authorization (PA) Committee is established in state regulation. This advisory committee is charged with reviewing drugs and recommending those drugs which are appropriate for reimbursement as a regular benefit verses those which should be placed on prior authorization status. All such recommendations made by the Drug PA Committee are referred to the DUR Board, as they are the statutorily-appointed advisory group for final recommendation to the Division.

Cost Containment Initiatives

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the MO HealthNet fee-for-service pharmacy program, the MO HealthNet program continues to implement a number of administrative measures to ensure the economic and efficient provision of the MO HealthNet pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. The intent of these initiatives is to ensure that MO HealthNet participants get the right drug to meet their needs, in the right amount and for the right period of time.

Examples of some of the cost containment initiatives include:

31-Day Maximum Supply: Effective for dates of service on or after December 1, 2000, the state agency implemented a 31-day maximum supply restriction on claims submitted for prescriptions dispensed to MO HealthNet participants. Pharmacy claims submitted for a days supply greater than allowed under this policy will be denied. The following categories are exempt from this restriction: antiretroviral agents, oral contraceptives, children's vitamins, prenatal vitamins, and drug products limited by packaging requirements.

Expanded Missouri Maximum Allowable Cost (MAC) List: The list of drugs for which the state agency has established a generic reimbursement limit will be monitored and expanded on a regular basis. A mechanism is in place to review existing MACs as well as identifying new generic drugs for addition to this list, as they become available. This optimizes generic utilization in the MO HealthNet program.

Unique Prescriber Number: Effective for dates of service on or after December 1, 2001, the MO HealthNet pharmacy claims filing process requires the MO HealthNet provider number, DEA number or NPI (when available) in the prescriber identification field. Claims submitted on or after that date that do not identify the prescriber's MO HealthNet provider number, DEA number or NPI are rejected.

Edits - Early Refill: Effective for claims submitted on or after March 18, 2002, the ability of pharmacy providers to manually override claims denied for the early refill edit, has been revoked. Providers must now contact the help desk in order to obtain an override for payment of claims being denied for the early refill edit.

Edits - Dose Optimization: Effective for dates of service on or after April 16, 2002, claims submitted to the MO HealthNet Pharmacy Program are subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials can be processed through the help desk. Justification for utilization outside expected patterns such as FDA approved labeling is required for approval of such an override.

Pharmacy Provider Tax: The Missouri General Assembly passed legislation establishing a tax on licensed retail pharmacies in Missouri for the privilege of providing outpatient prescription drugs. The tax is based on the information obtained in an affidavit sent to pharmacies in June 2002, including monthly gross retail prescription pharmacy receipts. The Department of Social Services has notified each pharmacy of the amount of tax due. The tax began in 2002. Effective July 1, 2007, Missouri pharmacies were given an enhanced dispensing fee of \$4.82, for a total dispensing fee of \$9.66.

Coverage of Over-the-Counter Medications: This program monitors the product utilization to detect shifts in the prescribing patterns from deleted OTC drugs to more expensive prescription products. The program has now determined areas in which the shift is occurring and thus where cost savings could be achieved if specific and limited OTC drugs are covered. The program continues to monitor the product utilization to detect shifts in the prescribing patterns from deleted OTC drugs to more expensive prescription products.

Prior Authorization of All New Drugs: Effective July 1, 2002, prior authorization is required for all new drug entities and new drug product dosage forms of these products through existing drug entities that have been approved by the Food and Drug Administration and are available on the market. After identifying First Data Bank's weekly updates, the medications are reviewed for medical and clinical criteria along with pharmacoeconomic impact to the pharmacy program.

Enhanced Retrospective Drug Utilization: Enhanced Retrospective Drug Utilization involves retroactively reviewing population based patterns of drug use to compare those patterns to approved therapeutic guidelines in order to determine the appropriateness of care, length of treatment, drug interaction, and other clinical issues.

Provider Audits: Daily provider audits are performed by MHD/IFOX staff for the identification and resolution of potential recoupments.

Enhanced pharmacy contract: Given the financial constraints on the state's MO HealthNet budget, the high cost of treating chronically ill patients, and the desire to improve patient outcomes and health status, the MO HealthNet Division has awarded a one year contract (with renewal options) to ACS, Inc. of Richmond, Virginia, to provide enhanced pharmacy services consisting of the following 3 (three) components:

Disease Management - This initiative is a proactive approach designed to meet the comprehensive needs of the individual that will slow the progression of chronic disease and avoid medical crises to the greatest possible degree. Based on a cooperative physician and pharmacist team recruited by Heritage, the disease management program will be designed to deliver services to patients with a goal of achieving improved patient care, improved patient outcomes, reduced inpatient hospitalization, reduced emergency room visits, lower total cost, and better educated provider and patients.

Fiscal and Clinical Edits - This initiative optimizes the use of program funds and enhances patient care through improved use of pharmaceuticals. Since the implementation of the Omnibus Budget Reduction Act of 1990 (OBRA 90), education on the use of pharmaceuticals has been accomplished primarily through DUR. However, the prospective DUR alerts currently generated by the fiscal agent (IFOX) have been largely ignored by pharmacy providers as they are more general in nature and few are tied to claim reimbursement. Other third party payors have successfully utilized more extensive evidence based claims screening edits in an effort to control costs. Such edits are applicable within the Medicaid program to achieve similar cost controls.

Point-of-service pharmacy claims are routed through Heritage's automated system to apply edits specifically designed to assure effective utilization of pharmaceuticals. The edits are founded on evidence-based clinical and nationally recognized expert consensus criteria. Claims will continue to be processed by IFOX for all other edits and final adjudication. After processing by Heritage and IFOX, the claim will be sent back to the provider with a total processing time of approximately 10 seconds. Claims which are denied by the system edits will require an override from the existing help desk. Providers seeking an override must contact the help desk for approval, which will be granted if medically necessary.

Drug Utilization Review : This process is currently provided by Heritage, and will be an extension of the current process with some enhancements. Under the new contract, this initiative will utilize the same database / computer system as for the previously described components. This system uses a relational database capable of interfacing MO HealthNet paid claims history with flexible, high quality clinical evaluation criteria. The process is designed to identify high-risk drug use patterns among physicians, pharmacists, and beneficiaries, and to educate providers (prescribers and dispensers) in appropriate and cost-effective drug use. This process is capable of identifying providers prescribing and dispensing practices which deviate from defined standards, as well as generate provider profiles and ad hoc reports for specified provider and participant populations. The goal of the program is to maximize drug therapy and outcomes, and optimize expenditures for health care.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Statute: RSMo. 208.152, 208.166, Federal law: Social Security Act Section 1902(a)(12), Federal regulation: 42 CFR 440.120

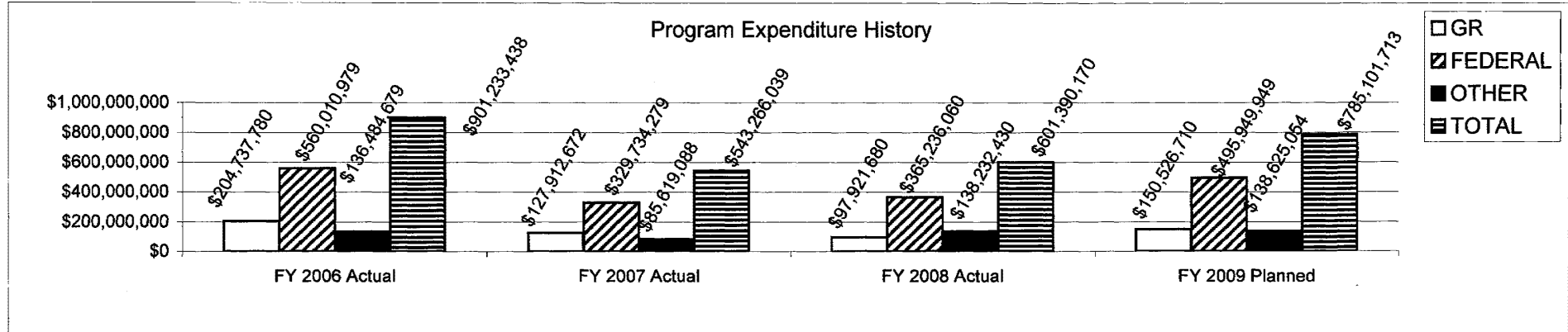
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Yes for children. No for adults.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.

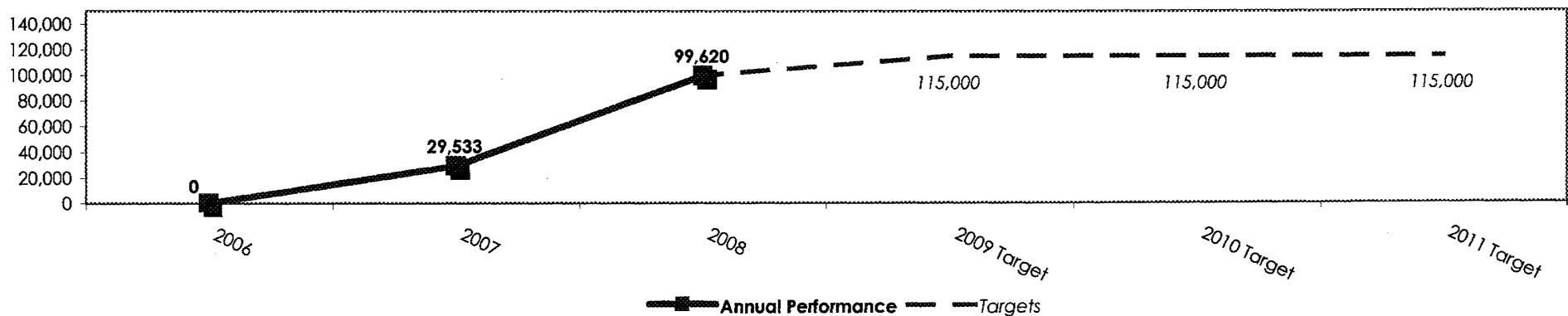


6. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144), Pharmacy Rebates Fund (0114), Health Initiatives Fund (0275), Third Party Liability Fund (0120), Healthy Families Trust Fund (0625), Premium (0885) and Life Science Research Trust Fund (0763).

7a. Provide an effectiveness measure.

Increase MO HealthNet Participants in a Chronic Care Improvement Program



7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

Participants:

Pharmacy services are available to all MO HealthNet participants. In the regions of the state where managed care has been implemented, participants have pharmacy services available through the managed care health plans.

Average Monthly Number of Pharmacy Users		
SFY	Actual	Projected
2006	243,447	
2007	198,540	
2008	196,097	214,400
2009		224,400
2010		324,400
2011		334,000

Reduction in FY07 due to the MMA

Number of Pharmacy Claims		
SFY	Actual	Projected
2006	15.3 mil	16.2 mil
2007	9.6 mil	10.4 mil
2008	10.8 mil	11.4 mil
2009		13.4 mil
2010		14.4 mil
2011		15.4 mil

Reduction in FY07 due to the MMA

7d. Provide a customer satisfaction measure, if available.

**NEW DECISION ITEM
RANK: 7**

Department: Social Services
Division: MO HealthNet
DI Name: Replace Life Sciences Trust

Budget Unit: 90541C
DI#: 1886012

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	28,725,000			28,725,000
TRF				
Total	28,725,000			28,725,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,750,349			3,750,349
TRF				
Total	3,750,349			3,750,349
FTE				

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input checked="" type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: GR funding is requested to replace the Life Sciences Research Trust Fund.

The Life Sciences Research Trust Fund is being core cut from the Pharmacy appropriation. This decision item seeks GR replacement.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

GR funding is requested to replace the Life Sciences Research Trust Fund in the Pharmacy appropriation.

	Total	GR	Federal
Pharmacy	\$28,725,000	\$28,725,000	\$0

Governor's Recommendation:

	Total	GR	Federal
Pharmacy	\$3,750,349	\$3,750,349	\$0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	28,725,000		0				28,725,000		
Total PSD	28,725,000		0		0		28,725,000		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	28,725,000	0.0	0	0.0	0	0.0	28,725,000	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	3,750,349		0				3,750,349		
Total PSD	3,750,349		0		0		3,750,349		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	3,750,349	0.0	0	0.0	0	0.0	3,750,349	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Replace Life Science Trust - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	28,725,000	0.00	3,750,349	0.00
TOTAL - PD	0	0.00	0	0.00	28,725,000	0.00	3,750,349	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$28,725,000	0.00	\$3,750,349	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$28,725,000	0.00	\$3,750,349	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 48**

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Reimbursement Allowance

Budget Unit: 90541C
DI#: 1886047

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		19,156,526	10,907,074	30,063,600
TRF				
Total		19,156,526	10,907,074	30,063,600
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD		19,156,526	10,907,074	30,063,600
TRF				
Total		19,156,526	10,907,074	30,063,600
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Increase Budget Authority	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The MO HealthNet Division (MHD) has recently changed its pharmacy tax methodology to comply with federal requirements. Under the revised tax methodology, in most cases MHD will no longer collect the tax by offsetting pharmacies' MO HealthNet payments as it does for about 75% of the tax today. MHD will now pay pharmacies the entire claim (including the enhanced dispensing fee) and pharmacies will pay the tax assessment to the state. This decision item recognizes the need for increased appropriation authority as MHD is no longer offsetting pharmacy claims to settle the tax assessment.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Under the former pharmacy tax methodology, MHD collected nearly 75% of tax assessments by offsetting the MO HealthNet payments for billed claims; the remaining tax assessments were collected by check (payment to the state).

MHD estimates that under the revised tax methodology, only 2% of tax assessments will be settled by an offset; the remaining tax assessments would be settled by a payment made to the state.

**Tax Collection Method Distribution
(Checks vs. Offsets)**

	Tax Payments Former Methodology		Tax Payments Revised Methodology	
	% Offset	% Check	% Offset	% Check
TAX 42,000,000	73.58%	26.42%	2.00%	98.00%
	30,903,600	11,096,400	840,000	41,160,000

Increase in Appropriation Expenditures from Change in Tax Collection

	NDI	
Total	30,063,600	Increase appropriation authority (decline in offsets result
PFRA	10,907,074	in increase in appropriation need)
Federal	19,156,526	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions			19,156,526		10,907,074		30,063,600		
Total PSD	0		19,156,526		10,907,074		30,063,600		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	19,156,526	0.0	10,907,074	0.0	30,063,600	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions			19,156,526		10,907,074		30,063,600		
Total PSD	0		19,156,526		10,907,074		30,063,600		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	19,156,526	0.0	10,907,074	0.0	30,063,600	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY								
Pharmacy Reimbursement Allowan - 1886047								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	30,063,600	0.00	30,063,600	0.00
TOTAL - PD	0	0.00	0	0.00	30,063,600	0.00	30,063,600	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$30,063,600	0.00	\$30,063,600	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$19,156,526	0.00	\$19,156,526	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$10,907,074	0.00	\$10,907,074	0.00

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
PHARMACY-MED PART D-CLAWBACK									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	169,014,558	0.00	175,000,000	0.00	175,000,000	0.00	175,000,000	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	1	0.00	1	0.00	1	0.00	
TOTAL - PD	169,014,558	0.00	175,000,001	0.00	175,000,001	0.00	175,000,001	0.00	
TOTAL	169,014,558	0.00	175,000,001	0.00	175,000,001	0.00	175,000,001	0.00	
Clawback Increase - 1886010									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	8,297,222	0.00	13,997,035	0.00	
TOTAL - PD	0	0.00	0	0.00	8,297,222	0.00	13,997,035	0.00	
TOTAL	0	0.00	0	0.00	8,297,222	0.00	13,997,035	0.00	
GRAND TOTAL	\$169,014,558	0.00	\$175,000,001	0.00	\$183,297,223	0.00	\$188,997,036	0.00	

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im_disummary

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy-Medicare Part D Clawback

Budget Unit: 90543C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD	175,000,000	1		175,000,001 E	PSD	175,000,000	1		175,000,001 E
TRF					TRF				
Total	175,000,000	1		175,000,001 E	Total	175,000,000	1		175,000,001 E
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

Other Funds:

Note: An "E" is requested for the \$1 Federal Funds.

Note: An "E" is requested for the \$1 Federal Funds.

2. CORE DESCRIPTION

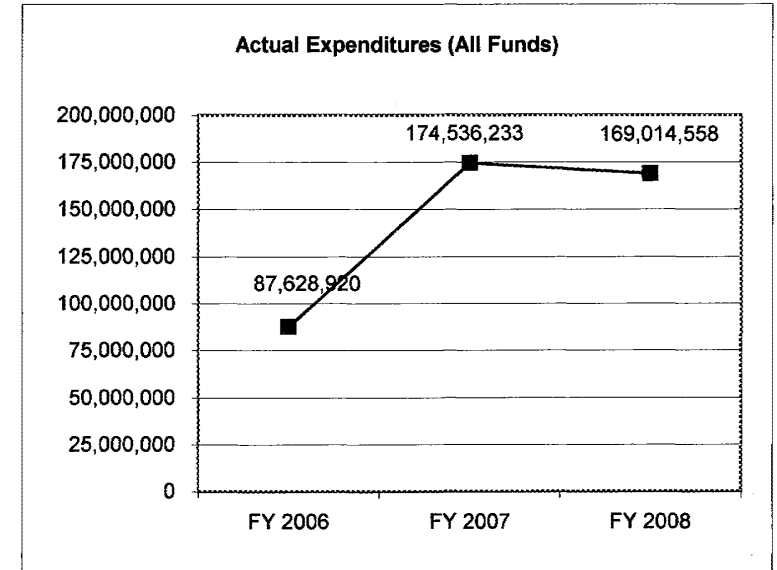
This core request is for the continued funding of the Medicare Part D Clawback. Part of the Medicare Prescription Drug Act requires States to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the State absent the Part D drug benefit.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy--Medicare Part D--Clawback

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	316,865,339	495,273,609	196,269,135	175,000,001
Less Reverted (All Funds)	(9,771,250)	0	(20,000,000)	N/A
Budget Authority (All Funds)	307,094,089	495,273,609	176,269,135	N/A
Actual Expenditures (All Funds)	87,628,920	174,536,233	169,014,558	N/A
Unexpended (All Funds)	219,465,169	320,737,376	7,254,577	N/A
Unexpended, by Fund:				
General Revenue	7,343	10,263,767	7,254,576	N/A
Federal	189,457,826	310,473,609	1	N/A
Other	30,000,000	0	0	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$189,457,826 in Federal Funds and \$30,000,000 in MO Rx Plan Fund.

(2) Agency reserve of \$310,473,609 in Federal Funds.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

PHARMACY-MED PART D-CLAWBACK

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	175,000,000	1	0	175,000,001	
	Total	0.00	175,000,000	1	0	175,000,001	
DEPARTMENT CORE REQUEST							
	PD	0.00	175,000,000	1	0	175,000,001	
	Total	0.00	175,000,000	1	0	175,000,001	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	175,000,000	1	0	175,000,001	
	Total	0.00	175,000,000	1	0	175,000,001	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM DISTRIBUTIONS	169,014,558	0.00	175,000,001	0.00	175,000,001	0.00	175,000,001	0.00
TOTAL - PD	169,014,558	0.00	175,000,001	0.00	175,000,001	0.00	175,000,001	0.00
GRAND TOTAL	\$169,014,558	0.00	\$175,000,001	0.00	\$175,000,001	0.00	\$175,000,001	0.00
GENERAL REVENUE	\$169,014,558	0.00	\$175,000,000	0.00	\$175,000,000	0.00	\$175,000,000	0.00
FEDERAL FUNDS	\$0	0.00	\$1	0.00	\$1	0.00	\$1	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Pharmacy--Medicare Part D Clawback

Program is found in the following core budget(s): Pharmacy--Medicare Part D Clawback

1. What does this program do?

PROGRAM SYNOPSIS: The Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003 required that all individuals who are eligible for both Medicare and MO HealthNet receive their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible participants because they receive their drugs through a prescription drug plan (PDP) rather than through the state's MO HealthNet program.

The federal government refers to this payment as the "Phased-down State Contribution", whereas the states more appropriately refer to the payment as the "clawback". This clawback payment is, in effect, a funding source for the Medicare Part D program. In theory, it uses the General Revenue that the state would have paid for the MO HealthNet pharmacy benefit for funding the Part D program.

States are required to make a monthly payment to the federal government to, in effect, re-direct the money that the states would have spent on providing prescription drugs to participants in the MO HealthNet program. The clawback consists of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state's federal Medicaid match rate, (c) the number of dual eligibles residing in the state, and (d) a "phase-down percentage" of state savings to be returned to the federal government beginning with 90 percent in 2006 and phasing down to 75 percent in 2015. The phased-down percentage for CY 2010 is 83.33%.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173.

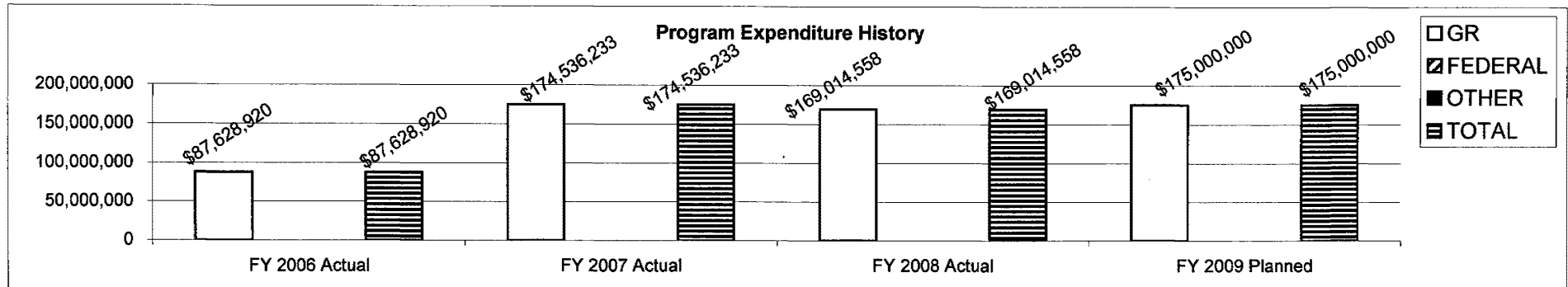
3. Are there federal matching requirements? If yes, please explain.

No.

4. Is this a federally mandated program? If yes, please explain.

Yes. The states are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to participants in MO HealthNet.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

SFY	Dual Eligibles	
	Actual	Projected
2006	123,862	
2007	127,237	
2008	128,381	129,000
2009		129,477
2010		132,665
2011		135,853

7d. Provide a customer satisfaction measure, if available.

**NEW DECISION ITEM
RANK: 17**

Department: Social Services
Division: MO HealthNet
DI Name: Clawback Increase

Budget Unit: 90543C

DI#: 1886010

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	8,297,222			8,297,222
TRF				
Total	8,297,222			8,297,222
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	13,997,035			13,997,035
TRF				
Total	13,997,035			13,997,035
FTE				

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: To provide for the anticipated increase in the Clawback payment.

This decision item requests funding for the increase in General Revenue needed for the payment of the Clawback, as calculated by the Centers for Medicare and Medicaid Services (CMS).

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Calculation for the MO HealthNet Clawback payment is shown below. The PMPM was figured using a 5% inflation trend. The number of duals was calculated using the PTD caseload request of a 4.29% trend. About 44% of the PTD caseload are duals.

	Period July - Sept	Period Oct - Dec	Period Jan - Jun
Number of Duals	131,621	132,317	133,361
Monthly Clawback Assessment	\$113.96	\$111.79	\$117.38
	14,999,529	14,791,717	15,653,914
Number of Months	3	3	6
Subtotal	\$44,998,587	\$44,375,151	\$93,923,484
Total	183,297,222		
FY 09 Core	175,000,000		
Request (all General Revenue)	\$8,297,222		
	Total	GR	Federal
Total	\$8,297,222	\$8,297,222	\$0

Governor's Recommendation:

	Period July - Sept	Period Oct - Dec	Period Jan - Jun
Number of Duals	131,621	132,317	133,361
Monthly Clawback Assessment	\$117.50	\$115.27	\$121.03
	15,465,468	15,252,181	16,140,682
Number of Months	3	3	6
Subtotal	\$46,396,403	\$45,756,542	\$96,844,091
Total	188,997,035		
FY 09 Core	175,000,000		
Request (all General Revenue)	\$13,997,035		
	Total	GR	Federal
Total	\$13,997,035	\$13,997,035	\$0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	8,297,222		0		0		8,297,222		
Total PSD	8,297,222		0		0		8,297,222		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	8,297,222	0.0	0	0.0	0	0.0	8,297,222	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	13,997,035		0		0		13,997,035		
Total PSD	13,997,035		0		0		13,997,035		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	13,997,035	0.0	0	0.0	0	0.0	13,997,035	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

SFY	Dual Eligibles	
	Actual	Projected
2006	123,862	
2007	127,237	
2008	128,381	129,000
2009		129,477
2010		132,665
2011		135,853

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY-MED PART D-CLAWBACK								
Clawback Increase - 1886010								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	8,297,222	0.00	13,997,035	0.00
TOTAL - PD	0	0.00	0	0.00	8,297,222	0.00	13,997,035	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$8,297,222	0.00	\$13,997,035	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$8,297,222	0.00	\$13,997,035	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MISSOURI RX PLAN								
CORE								
EXPENSE & EQUIPMENT								
HEALTHY FAMILIES TRUST	26,443	0.00	0	0.00	26,600	0.00	26,600	0.00
TOTAL - EE	26,443	0.00	0	0.00	26,600	0.00	26,600	0.00
PROGRAM-SPECIFIC								
HEALTHY FAMILIES TRUST	13,201,890	0.00	13,820,394	0.00	13,793,794	0.00	13,793,794	0.00
MISSOURI RX PLAN FUND	0	0.00	5,781,772	0.00	5,781,772	0.00	5,781,772	0.00
TOTAL - PD	13,201,890	0.00	19,602,166	0.00	19,575,566	0.00	19,575,566	0.00
TOTAL	13,228,333	0.00	19,602,166	0.00	19,602,166	0.00	19,602,166	0.00
GRAND TOTAL	\$13,228,333	0.00	\$19,602,166	0.00	\$19,602,166	0.00	\$19,602,166	0.00

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE			26,600	26,600	EE			26,600	26,600
PSD			19,575,566	19,575,566	PSD			19,575,566	19,575,566
TRF					TRF				
Total			19,602,166	19,602,166	Total			19,602,166	19,602,166
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Missouri Rx Plan Fund (0779)
Healthy Families Trust Fund (0625)

Other Funds: Missouri Rx Plan Fund (0779)
Healthy Families Trust Fund (0625)

Note: An "E" is requested for the \$5,781,772 Missouri Rx Plan Fund

Note: An "E" is requested for the \$5,781,772 Missouri Rx Plan Fund

2. CORE DESCRIPTION

The Missouri Rx Plan provides certain pharmaceutical benefits to certain low-income elderly and disabled residents of the state, facilitates coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173 and enrolls individuals in the program.

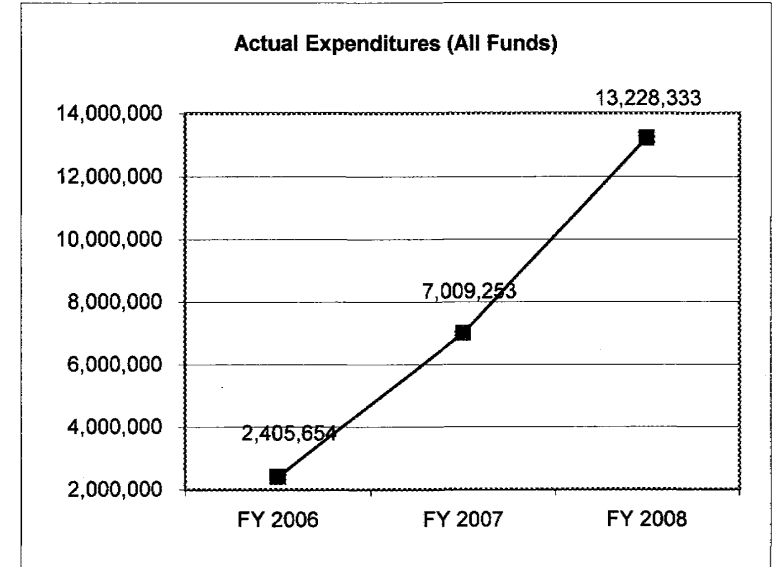
3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy services under MMA - Part D

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	2,405,660	19,602,166	19,602,166	19,602,166
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	2,405,660	19,602,166	19,602,166	N/A
Actual Expenditures (All Funds)	2,405,654	7,009,253	13,228,333	N/A
Unexpended (All Funds)	6	12,592,913	6,373,833	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	6	12,592,913	6,373,833	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Legislation (SB 539) allowed for the transfer of any unexpended and unobligated funds of the Missouri Senior Rx Fund to the Missouri Rx Plan Fund in FY 06.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MISSOURI RX PLAN

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	0	0	19,602,166	19,602,166	
				Total	0.00	0	0	19,602,166	19,602,166	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	386	3705	EE		0.00	0	0	26,600	26,600	
Core Reallocation	386	3705	PD		0.00	0	0	(26,600)	(26,600)	
NET DEPARTMENT CHANGES					0.00	0	0	0	0	
DEPARTMENT CORE REQUEST										
			EE		0.00	0	0	26,600	26,600	
			PD		0.00	0	0	19,575,566	19,575,566	
			Total		0.00	0	0	19,602,166	19,602,166	
GOVERNOR'S RECOMMENDED CORE										
			EE		0.00	0	0	26,600	26,600	
			PD		0.00	0	0	19,575,566	19,575,566	
			Total		0.00	0	0	19,602,166	19,602,166	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MISSOURI RX PLAN								
CORE								
TRAVEL, IN-STATE	973	0.00	0	0.00	1,000	0.00	1,000	0.00
PROFESSIONAL SERVICES	25,410	0.00	0	0.00	25,500	0.00	25,500	0.00
REAL PROPERTY RENTALS & LEASES	60	0.00	0	0.00	100	0.00	100	0.00
TOTAL - EE	26,443	0.00	0	0.00	26,600	0.00	26,600	0.00
PROGRAM DISTRIBUTIONS	13,201,890	0.00	19,602,166	0.00	19,575,566	0.00	19,575,566	0.00
TOTAL - PD	13,201,890	0.00	19,602,166	0.00	19,575,566	0.00	19,575,566	0.00
GRAND TOTAL	\$13,228,333	0.00	\$19,602,166	0.00	\$19,602,166	0.00	\$19,602,166	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$13,228,333	0.00	\$19,602,166	0.00	\$19,602,166	0.00	\$19,602,166	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

1. What does this program do?

PROGRAM SYNOPSIS: Pharmacy benefit program for Medicare/Medicaid dual eligibles and certain elderly and disabled below 200% of Federal Poverty Level (FPL), which provides a wrap around benefit for those enrolled in Medicare's (Part D) prescription drug program.

S.B. 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx Plan. The purpose of this program is to coordinate pharmaceutical benefits between the Missouri Rx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles and other elderly and disabled Missourians below 200% of FPL. The Missouri Rx plan pays 50% of members' out of pocket costs remaining after their Medicare Prescription Drug Plan pays. Missouri Rx pays for 50% of the deductible, 50% of the co-pays before the coverage gap, 50% of the coverage gap and 50% of the co-pays in the catastrophic coverage.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: RSMo. 208.780 through 208.798; Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

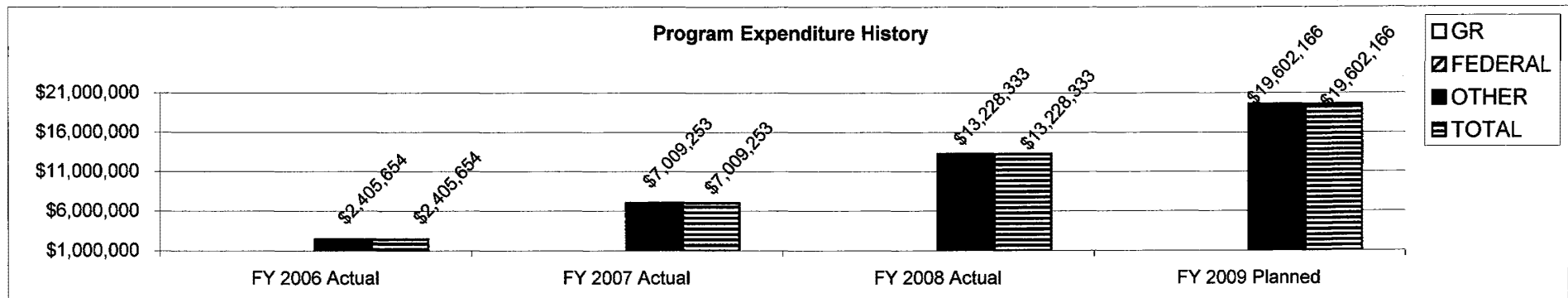
3. Are there federal matching requirements? If yes, please explain.

No. This program is funded with 100% state sources.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



Program started January 2006.

6. What are the sources of the "Other " funds?

Missouri Rx Plan Fund (0779) and Healthy Families Trust Fund (0625).

7a. Provide an effectiveness measure.**7b. Provide an efficiency measure.****7c. Provide the number of clients/individuals served, if applicable.**

Average Monthly MoRx Users		
SFY	Actual	Projected
2006	155,000	
2007	172,000	
2008	174,233	186,400
2009		179,000
2010		184,000
2011		189,000

Number of MoRx Claims		
SFY	Actual	Projected
2006	1.54 mil*	
2007	4.40 mil	
2008	6.10 mil	6.35 mil
2009		6.83 mil
2010		7.32 mil
2011		7.81 mil

* New program in January 2006

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
PHYSICIANS									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	2,845,932	0.00	2,700,000	0.00	2,700,000	0.00	2,700,000	0.00	
TITLE XIX-FEDERAL AND OTHER	2,636,757	0.00	2,800,000	0.00	2,800,000	0.00	2,800,000	0.00	
TOTAL - EE	5,482,689	0.00	5,500,000	0.00	5,500,000	0.00	5,500,000	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	160,519,454	0.00	166,468,874	0.00	162,511,726	0.00	160,370,394	0.00	
TITLE XIX-FEDERAL AND OTHER	294,066,878	0.00	312,591,448	0.00	312,591,448	0.00	312,591,448	0.00	
THIRD PARTY LIABILITY COLLECT	1,906,107	0.00	1,906,107	0.00	1,906,107	0.00	1,906,107	0.00	
HEALTH INITIATIVES	1,247,544	0.00	1,247,544	0.00	1,247,544	0.00	1,247,544	0.00	
HEALTHY FAMILIES TRUST	1,041,034	0.00	1,041,034	0.00	1,041,034	0.00	1,041,034	0.00	
TOTAL - PD	458,781,017	0.00	483,255,007	0.00	479,297,859	0.00	477,156,527	0.00	
TOTAL	464,263,706	0.00	488,755,007	0.00	484,797,859	0.00	482,656,527	0.00	
PTD/QMB MHD Caseload Growth - 1886033									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,495,044	0.00	3,450,730	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	6,138,485	0.00	6,182,799	0.00	
TOTAL - PD	0	0.00	0	0.00	9,633,529	0.00	9,633,529	0.00	
TOTAL	0	0.00	0	0.00	9,633,529	0.00	9,633,529	0.00	
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,957,148	0.00	6,098,480	0.00	
TOTAL - PD	0	0.00	0	0.00	3,957,148	0.00	6,098,480	0.00	
TOTAL	0	0.00	0	0.00	3,957,148	0.00	6,098,480	0.00	
Smoking Cessation - 1886050									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,333,443	0.00	0	0.00	

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit		FY 2008		FY 2008		FY 2009		FY 2009		FY 2010		FY 2010		FY 2010		FY 2010	
Decision Item		ACTUAL		ACTUAL		BUDGET		BUDGET		DEPT REQ		DEPT REQ		GOV REC		GOV REC	
Budget Object Summary		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE	
Fund		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE	
PHYSICIANS																	
Smoking Cessation - 1886050																	
PROGRAM-SPECIFIC																	
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	5,854,657	0.00	0	0.00								
TOTAL - PD		0	0.00	0	0.00	9,188,100	0.00	0	0.00								
TOTAL		0	0.00	0	0.00	9,188,100	0.00	0	0.00								
Physician-Related Svc Rate Inc - 1886042																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	7,954,522	0.00	0	0.00								
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	13,970,841	0.00	0	0.00								
TOTAL - PD		0	0.00	0	0.00	21,925,363	0.00	0	0.00								
TOTAL		0	0.00	0	0.00	21,925,363	0.00	0	0.00								
Coverage Expansion MAF - 1886053																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	0	0.00	4,415,912	0.00								
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	0	0.00	7,912,151	0.00								
TOTAL - PD		0	0.00	0	0.00	0	0.00	12,328,063	0.00								
TOTAL		0	0.00	0	0.00	0	0.00	12,328,063	0.00								
Coverage Expansion -Children - 1886054																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	0	0.00	1,091,996	0.00								
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	0	0.00	1,956,568	0.00								
TOTAL - PD		0	0.00	0	0.00	0	0.00	3,048,564	0.00								
TOTAL		0	0.00	0	0.00	0	0.00	3,048,564	0.00								
GRAND TOTAL		\$464,263,706	0.00	\$488,755,007	0.00	\$529,501,999	0.00	\$513,765,163	0.00								

1/28/09 7:00

im_disummary

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Physicians

Budget Unit: 90544C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	2,700,000	2,800,000		5,500,000
PSD	162,511,726	312,591,448	4,194,685	479,297,859
TRF				
Total	165,211,726	315,391,448	4,194,685	484,797,859

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections Fund (TPL) (0120)
Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	2,700,000	2,800,000		5,500,000
PSD	160,370,394	312,591,448	4,194,685	477,156,527
TRF				
Total	163,070,394	315,391,448	4,194,685	482,656,527

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections Fund (TPL) (0120)
Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)

2. CORE DESCRIPTION

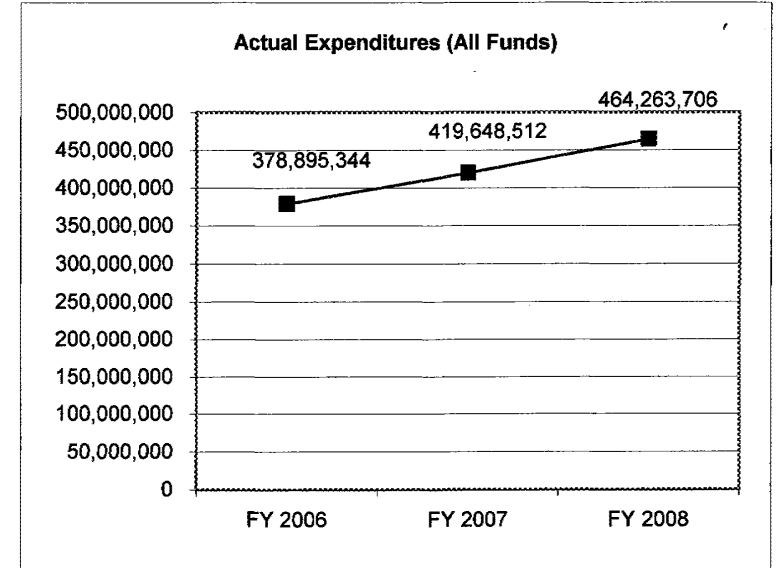
This core request is for the ongoing funding for payments for physician-related services.

3. PROGRAM LISTING (list programs included in this core funding)

Physician-Related Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	378,932,890	421,283,001	480,762,260	488,755,007
Less Reverted (All Funds)	(37,426)	(1,488,807)	0	N/A
Budget Authority (All Funds)	378,895,464	419,794,194	480,762,260	N/A
Actual Expenditures (All Funds)	378,895,344	419,648,512	464,263,706	N/A
Unexpended (All Funds)	120	145,682	16,498,554	N/A
Unexpended, by Fund:				
General Revenue	46	62	6,762,076	N/A
Federal	74	145,620	9,736,478	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Expenditures of \$27,623,367 were paid from the Supplemental Pool and \$19,091,264 paid from Managed Care.

(2) Expenditures of \$139,636 were paid from the Supplemental Pool and \$4,648,089 paid from Managed Care.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES PHYSICIANS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	2,700,000	2,800,000	0	5,500,000	
	PD	0.00	166,468,874	312,591,448	4,194,685	483,255,007	
	Total	0.00	169,168,874	315,391,448	4,194,685	488,755,007	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1209 8196 PD	0.00	(3,957,148)	0	0	(3,957,148)	FMAP adjustment
NET DEPARTMENT CHANGES		0.00	(3,957,148)	0	0	(3,957,148)	
DEPARTMENT CORE REQUEST							
	EE	0.00	2,700,000	2,800,000	0	5,500,000	
	PD	0.00	162,511,726	312,591,448	4,194,685	479,297,859	
	Total	0.00	165,211,726	315,391,448	4,194,685	484,797,859	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1209 8196 PD	0.00	(2,141,332)	0	0	(2,141,332)	FMAP adjustment
NET GOVERNOR CHANGES		0.00	(2,141,332)	0	0	(2,141,332)	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	2,700,000	2,800,000	0	5,500,000	
	PD	0.00	160,370,394	312,591,448	4,194,685	477,156,527	
	Total	0.00	163,070,394	315,391,448	4,194,685	482,656,527	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIANS								
CORE								
PROFESSIONAL SERVICES	5,482,689	0.00	5,500,000	0.00	5,500,000	0.00	5,500,000	0.00
TOTAL - EE	5,482,689	0.00	5,500,000	0.00	5,500,000	0.00	5,500,000	0.00
PROGRAM DISTRIBUTIONS	458,781,017	0.00	483,255,007	0.00	479,297,859	0.00	477,156,527	0.00
TOTAL - PD	458,781,017	0.00	483,255,007	0.00	479,297,859	0.00	477,156,527	0.00
GRAND TOTAL	\$464,263,706	0.00	\$488,755,007	0.00	\$484,797,859	0.00	\$482,656,527	0.00
GENERAL REVENUE	\$163,365,386	0.00	\$169,168,874	0.00	\$165,211,726	0.00	\$163,070,394	0.00
FEDERAL FUNDS	\$296,703,635	0.00	\$315,391,448	0.00	\$315,391,448	0.00	\$315,391,448	0.00
OTHER FUNDS	\$4,194,685	0.00	\$4,194,685	0.00	\$4,194,685	0.00	\$4,194,685	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Physicians

Program is found in the following core budget(s): Physicians

1. What does this program do?

PROGRAM SYNOPSIS: Payment for professional services provided to MO HealthNet participants for physicians, clinics, lab & x-ray, nurse midwife, podiatry, certified registered nurse anesthetist, anesthesiologist assistant, independent diagnostic testing facility, rural health clinic, nurse practitioner, federally qualified health centers, psychologists, professional counselors, and licensed clinical social workers.

A general description of each of the MO HealthNet provider groups in the Physician Program includes the following:

Physician - Proper health care is essential to the general health and well-being of MO HealthNet participants. Physicians, Doctors of Medicine (M.D.'s) and Doctors of Osteopathy (D.O.'s), are typically the front line providers where MO HealthNet participants enter the state's health care system. They provide a myriad of health care services and tie the various parts of the health care system together.

Physician services are those diagnostic, therapeutic, rehabilitative or palliative procedures provided by, and under the supervision of, a licensed physician who is practicing within the scope of practice allowed and is enrolled in the MO HealthNet program.

Physicians enrolled in the MO HealthNet program are identified by the specialty of medicine they practice. Specialties include allergy immunology, anesthesiology, dermatology, emergency medicine, family practice, general practice, general surgery, internal medicine, laryngology, nuclear medicine, neurological surgery, obstetrics/gynecology, ophthalmology, otology, otolaryngology, orthopedic surgery, pathology, pediatrics, physical medicine and rehabilitation, plastic surgery, preventive medicine, proctology, psychiatry, neurology, radiation therapy, radiology, rectal and colon surgery, rehabilitative medicine, rhinology, thoracic surgery, urology and cardiology.

The Early Periodic Screening Diagnosis Treatment /Healthy Children and Youth (EPSDT/HCY) program provides services to non-MO HealthNet Managed Care eligibles who are infants, children, and youth under the age of 21 years with a primary and preventive care focus. Full, partial and interperiodic health screenings, medical and dental examinations, immunizations and medically necessary treatment services are covered. The goal of the MO HealthNet program is for each child to be healthy. This is achieved by the primary care provider who manages a coordinated, comprehensive, continuous health care program to address the child's primary health care needs. The purpose of the EPSDT/HCY program is to insure a comprehensive, preventive health care program for MO HealthNet eligible children who are under the age of 21 years. The program provides early and periodic medical/dental screening, diagnosis, and treatment to correct or improve defects and chronic conditions found during the screening.

An EPSDT/HCY screening consists of a health and developmental history, unclothed physical examination, developmental assessment, immunization status including any needed immunizations, nutritional status, vision testing, hearing testing, laboratory procedures, dental status, anticipatory guidance, lead level screens (0-6 years), and referrals for follow-up care or evaluation of any abnormality detected. The full screen may be provided by a MO HealthNet participating: 1) physician or nurse practitioner including nurse midwives under their scope of practice or; 2) clinic or screening provider when the provider of the unclothed physical component of the screen is a physician or nurse practitioner. The periodicity schedule for EPSDT/HCY screening services is as follows:

Newborn (2-3 days); By one month; 2-3 months; 4-5 months; 6-8 months; 9-11 months; 12-14 months; 15-17 months; 18-23 months; 24 months; 3 years; 4 years; 5 years; 6-7 years; 8-9 years; 10-11 years; 12-13 years; 14-15 years; 16-17 years; 18-19 years; 20 years.

The services of a physician may be administered in a myriad of settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility.

Services rendered by a physician, including appropriate supplies, are billable by the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision such as nurses, non-physician anesthetists, technicians, therapists and other aides.

The majority of services provided by a physician are reimbursed on a fee schedule basis although a few services are reimbursed on a manual basis, whereby each procedure/claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures, such as organ transplants, are available only on a prior approval basis.

Clinic - Clinics offer preventive, diagnostic, therapeutic, rehabilitative or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Services furnished to outpatients include those furnished at the clinic by, or under the direction of, a physician and those services furnished outside the clinic by clinic personnel under the direction of a physician.

Health care givers at a clinic can include physicians, nurse practitioners, radiologists and other health professionals whose services are offered at the clinic.

MO HealthNet reimbursement is made solely to the clinic. All health care professionals are employed by the clinic. Each provider of health care services through the clinic, in addition to being employed by the participating clinic, must be a MO HealthNet provider.

Lab & X-Ray - These providers are of two kinds-laboratory facilities and x-ray facilities. Laboratories perform examinations of body fluids, tissues or organs by the use of various methods employing specialized equipment such as electron microscopes and radio-immunoassay. A clinical laboratory is a laboratory where microbiological, serological, chemical, hematological, radio bioassay, cytological, immunohematological or pathological examinations are performed on material derived from the human body to provide information for the diagnosis, prevention or treatment of a disease or assessment of a medical condition. Typically the operations of a laboratory are directed by a pathologist.

X-ray facilities offer radiological services in which x-rays or rays from radioactive substances are used for diagnostic or therapeutic purposes. Such services include, but are not limited to radium therapy, the use of radioisotopes for diagnostic or therapeutic purposes (as in nuclear medicine) and diagnostic tests such as aortograms, pyelograms, myelograms, arteriograms and ventriculograms, and imaging services, x-rays, nuclear medicine and diagnostic ultra-sounds. Typically the operations of an x-ray facility are directed by a radiologist.

Both laboratories and x-ray clinics are reimbursed on a fee schedule basis.

Nurse Midwife - Nurse Midwife services are those services related to the management and provision of care to a pregnant woman and her unborn/newborn infant by a non-physician. These services may be provided throughout the maternity cycle which includes pregnancy, labor and delivery and the initial postpartum period not to exceed six weeks. Covered services include antepartum care, delivery, post-partum care, newborn care, office visits, laboratory services and other services within the scope of practice of a nurse midwife. If there is any indication the maternity care is not for a normal uncomplicated delivery, the nurse midwife must refer the case to a physician.

Nurse midwives may also provide care outside of the maternity cycle such as family planning, counseling, birth control techniques and well-woman gynecological care including routine pap smears and breast examinations (Section 13605, OBRA 93). Nurse midwife services may also include services to the newborn, age 0 through 2 months and any other MO HealthNet eligible female, age 15 and over.

Services furnished by a nurse midwife must be within the scope of practice authorized by federal and state laws or regulations and, in the case of inpatient or outpatient hospital services or clinic services, furnished by or under the direction of a nurse midwife only to the extent permitted by the facility.

In order to qualify for participation in the MO HealthNet Nurse Midwife program, in addition to provisions required of all MO HealthNet providers, the applicant must hold a valid current license as an advanced practice nurse (RN) in the state of Missouri and be currently certified as a Nurse Midwife by the American College of Nurse Midwives.

The services of a nurse midwife may be administered in a variety of settings including the providers' office, a hospital (inpatient or outpatient), the home of the participant (delivery and newborn care only) or a birthing center. Reimbursement for nurse midwife services made on a fee-for-service basis are determined as follows: the MO HealthNet maximum allowable fee for any particular procedure has been determined by the MO HealthNet Division to be a reasonable fee, consistent with efficiency, economy and quality of care. MO HealthNet payment for covered services are the lower of the provider's actual billed charge, based on his/her usual and customary charge to the general public for the service, or the MO HealthNet maximum allowable amount per unit of service. The level of reimbursement to the Nurse Midwife is the same as that reimbursed to a physician for the same procedure.

Podiatry - Podiatrists provide medical, surgical and mechanical services for the foot or any area not above the ankle joint and receive MO HealthNet reimbursement for diagnostic, therapeutic, rehabilitative and palliative services which are within the scope of practice the podiatrist is authorized to perform. Most services provided by a podiatrist are reimbursed on a fee schedule basis although a few services are reimbursed on a manual basis, whereby each procedure/claim is priced individually by a medical consultant based on the unique circumstances of the case.

The following podiatry services are not covered for adults (except individuals under a category of assistance for pregnant women or the blind or nursing facility residents): trimming of nondystrophic nails, any number; debridement of nail(s) by any method(s) one to five; debridement of nail(s) by any method(s) six or more; excision of nail and nail matrix, partial or complete; and strapping of ankle and /or foot.

The services of a podiatrist may be administered in a myriad of settings including the podiatrist's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility.

Certified Registered Nurse Anesthetist (CRNA) - CRNA services are those services related to the introduction and management of a substance into the body by external or internal means that causes loss of sensation (feeling) with or without loss of consciousness. In order to qualify for participation in the MO HealthNet Certified Registered Nurse Anesthetist program, in addition to provisions required of all MO HealthNet providers, the applicant must hold a valid current license as an advanced practice nurse (RN), or nurse practitioner, in the state of Missouri and be currently certified as a CRNA by the Council on Certification of Nurse Anesthetists.

Reimbursement for CRNA services are made on a fee-for-service basis. The services of a CRNA may be administered in a variety of settings including the providers' office, a hospital, nursing home or clinic and include the same scope of practice as that of an anesthesiologist. Typically, CRNAs are employed by physicians (anesthesiologists), but are not required to be.

Anesthesiologist Assistants (AA) - Effective February 1, 2007, MO HealthNet began allowing AA to enroll as MO HealthNet providers. An AA is a person who works under the supervision of a licensed anesthesiologist and provides anesthesia services and related care. An AA shall practice only under the direct supervision of an anesthesiologist who is physically present or immediately available. A supervising anesthesiologist shall be allowed to supervise up to four AAs concurrently consistent with 42 CFR 415.110. The name and mailing address of the supervising anesthesiologist must be submitted by an AA. An AA must be licensed by the Missouri Board of Healing Arts as set forth in 4 CSR 150.9 and submit a copy to the MO HealthNet Division. An AA must practice within their scope of practice referenced in Section 334.402 of the Missouri Revised Statutes.

Reimbursement for AA services are made on a fee-for-service basis. An AA and a Certified Registered Nurse Anesthetist (CRNA) are not allowed to bill for the same anesthesia service.

Independent Diagnostic Testing Facility (IDTF) - These providers are independent of a hospital or a physician's office and offer medically necessary diagnostic tests. The IDTF may be a fixed location or a mobile entity. An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of non-physician personnel who use the equipment.

Rural Health Clinic (RHC) - The Rural Health Clinic Services Act of 1977 designated Rural Health Clinics as health care providers. The Act became effective for MO HealthNet reimbursement on July 1, 1978. The Rural Health Clinic Services Act of 1977 extended benefits to cover health care services to under-served rural areas where access to traditional physician care had been difficult. In those areas, specifically trained practitioners furnish the health care services needed by the community.

Rural Health Clinics must be located in a rural area that is designated a shortage area for primary care. To be eligible for this designation, a clinic must be located in an area not identified as "urbanized" by the Bureau of the Census and designated as a shortage or under-served area in one of the following ways:

- ♦ An area with a shortage of personal health services under Section 30(b)(3) or 330(b)(3) of the Public Health Service Act (PHS);
- ♦ As a Health Professional Shortage Area (HPSA) designated under Section 332(a)(1)(A) of the PHS Act;
- ♦ An area which includes a population group designated as having a health professional shortage under Section 332(a)(1)(B) of the PHS Act;
- ♦ An area designated by the chief executive officer (Governor) of the State and certified by the Secretary of Health and Human Services as an area with a shortage of personal health services.

In addition to the above criteria, RHCs must meet the additional staffing and health and safety requirements set forth by the Rural Health Clinic Services Act. To be a MO HealthNet RHC, a clinic must be certified by the Public Health Service, be certified for participation in Medicare, and be enrolled as a MO HealthNet provider. The RHC is then designated as either independent or provider-based.

In order to be designated provider-based, an RHC must be an integral and subordinate part of a hospital, skilled nursing facility or home health agency. The provider-based RHC must also be under common licensure, governance and professional supervision with its parent provider. Hospital-based RHC's are reimbursed the lower of 100% of their usual and customary charges or their cost-to-charge ratio. The skilled nursing facility and home health agency based RHC's are reimbursed their usual and customary charges multiplied by the lower of the Medicare RHC rate or the rate approved by the MO HealthNet Division.

An independent RHC has no financial, organizational or administrative connection to a hospital, skilled nursing facility or home health agency. They are reimbursed the lesser of their reasonable costs divided by total encounter or the Medicare upper payment limit and multiplied by the number of MO HealthNet encounters. An annual audit of the Medicare cost report is reviewed by the Institutional Reimbursement Unit (IRU) within the MO HealthNet Division.

Nurse Practitioner - A nurse practitioner, or advanced practice nurse, is one who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the Missouri Board of Nursing. The Board of Nursing may promulgate rules specifying which professional nursing organization certifications are to be recognized as advanced practice nurses and may set standards for education, training and experience required for those without such specialty certification to become advanced practice nurses.

Numerous specialties are recognizable such as family nurse practitioner (NP), gerontology NP, clinical NP, obstetrics/GYN NP, neonatal NP and certified registered nurse anesthetists. Reimbursement for nurse practitioner services are made on a fee-for-service basis. The level of reimbursement to the nurse practitioner is the same as that reimbursed to a physician for the same procedure. Nurse practitioners, or advanced practical nurses may prescribe medications only through a collaborative agreement with a physician.

Nurse practitioner services involve the performance for compensation of any act which requires substantial specialized education, judgment, and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including: a) responsibility for the teaching of health care and the prevention of illness to the patient and his family; b) assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes; c) administration of medications and treatments as prescribed by a person licensed in this state to prescribe such medications and treatments; and d) coordination and assistance in the delivery of a plan of health care with all members of the health team.

The services of a nurse practitioner may be administered in a variety of settings including the providers' office, a hospital, nursing home or clinic. Typically, nurse practitioners are employed by physicians, but are not required to be.

Federally Qualified Health Clinic (FQHC) - The Federally Qualified Health Center (FQHC) program was established by the Omnibus Budget Reconciliation Acts of 1989 (OBRA 89) and 1990 (OBRA 90). These laws designated certain community-based health care organizations as unique health care providers called Federally Qualified Health Centers. These laws establish a set of FQHC health care services that MO HealthNet and Medicare must cover for those beneficiaries who receive services from the FQHC and require the reimbursement of reasonable cost to the FQHC for such services.

By passing the FQHC legislation, Congress recognized two goals of the FQHC program:

- ♦To provide adequate reimbursement to community-based primary health care organizations (FQHCs) so that they, in turn, may better serve large numbers of MO HealthNet participants and/or provide more services, thus improving access to primary care.
- ♦To enable FQHCs to use other resources previously subsidizing MO HealthNet to serve uninsured individuals who, although not eligible for MO HealthNet, have a difficult time obtaining primary care because of economic or geographic barriers.

In order to qualify for FQHC status, a facility must receive or be eligible for a grant under Section 329, 330 or 340 of the Public Health Service Act, meet the requirements for receiving such a grant, or have been a Federally Funded Health Center as of January 1, 1990.

FQHC services are reimbursed on the interim at 97% of billed MO HealthNet FQHC covered charges. An annual audit of the MO HealthNet cost report is performed by the Institutional Reimbursement Unit (IRU) to determine reasonable costs. A settlement is made to adjust the reimbursement to 100% of the reasonable costs to provide MO HealthNet FQHC covered services.

Psychologists, Professional Counselors, and Licensed Clinical Social Workers - Medically necessary mental health services are available to MO HealthNet eligible children under the age of 21. Those services can be provided by psychologists, professional counselors and licensed clinical social workers. An adult may receive mental health services from a psychologist, but may only receive them from a licensed clinical social worker if they are a member of a FQHC or RHC. Licensed Professional Counselors may not provide services to adults in any setting.

Psychologists and Provisionally Licensed Psychologists provide Testing and Assessment, Individual, Family and Group Therapy and Crisis Intervention services to children and adults.

Licensed Clinical Social Workers, Provisionally Licensed Clinical Social Workers, Licensed Professional Counselors, and Provisionally Licensed Professional Counselors provide Assessment, Individual, Family and Group Therapy and Crisis Intervention services to children. Licensed Clinical Social Workers and Provisionally Licensed Clinical Social Workers may also provide these services to adults in the FQHC or RHC setting.

Pay for Performance - The "Pay for Performance" payments are made to providers that participate in the MO HealthNet Health and Wellness Program. This program includes preventive, educational and care management services to participants. Any MO HealthNet provider may receive access to a web-based tool, APS Care Connection, to review pertinent information regarding a participant under their care. The provider serving as a participant's Health Care Home may review and approve the online plan of care via APS Care Connection and is eligible to receive payment for this service in addition to office visit reimbursement. The MO HealthNet Division understands that improving quality of care through the Health and Wellness Program may be challenging for healthcare providers without additional resources. For this reason, MHD has elected to include provider "Pay for Performance" payments as a key feature of the program. The pay for performance payment is based on the outcomes of the provider's MO HealthNet Health and Wellness program participants and is subject to annual appropriations. Such payments will be made retrospectively.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.153, 208.166; Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d);
Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

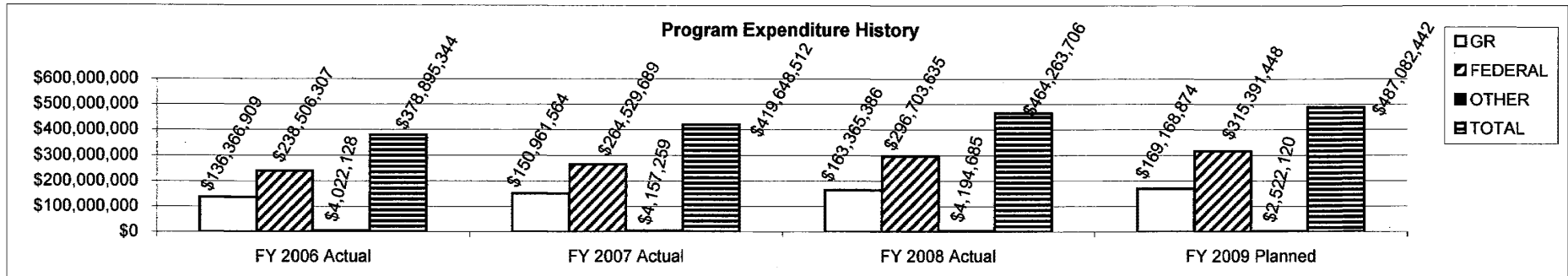
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program. (Some services are optional: podiatry, clinics, nurse practitioners and certified nurse anesthetist.)

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Third Party Liability Collections Fund (0120), Health Initiatives Fund (0275) and Healthy families Trust Fund (0625).

7a. Provide an effectiveness measure.

The Healthy Children and Youth (HCY) Program in Missouri is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The program is also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT). The HCY Program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening.

EPSDT Screenings				
Federal Fiscal Year	Expected Number of Screenings	Total Screens Received	Total Participants referred for corrective treatment	Participant Ratio
FFY2006	521,663	597,019	167,286	69.00%
FFY2007	517,625	615,745	165,549	68.00%
FFY2008	484,199	639,954	159,514	72.25%
FFY2009*	449,426	685,976	152,104	75.65%
FFY2010*	390,213	764,218	139,750	84.17%

*Projected

MO HealthNet pays for one "preventative" examination/physical, including a well woman exam (ages 21 & older) per 12 months. Preventative visits are important for routine evaluation and management of adults for the maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.

Year	Number of Preventative Office visits	Total Paid
FY2006	4,596	\$287,749
FY2007	9,107	\$580,385
FY2008	9,767	\$695,241
FY2009*	10,475	\$832,829
FY2010*	11,234	\$999,395
FY2011*	12,048	\$1,199,274

*Projected

7b. Provide an efficiency measure.

Physician Related Services				
State Fiscal Year	Expenditures	Average number of participants accessing services monthly	Cost per Participant	Percentage of participants accessing services
SFY 2006	\$350,820,644	219,015	\$133.48	24.49%
SFY 2007	\$343,600,095	207,071	\$138.28	25.07%
SFY 2008	\$381,312,060	204,997	\$155.01	24.70%
SFY 2009*	\$401,049,385	205,000	\$163.03	24.61%
SFY 2010*	\$409,070,373	205,000	\$166.29	24.50%
SFY 2011*	\$417,251,780	205,000	\$169.62	24.40%

*Projected

7c. Provide the number of clients/individuals served, if applicable.

Participants:

Physician services are available to fee-for-service MO HealthNet/Managed Care participants. In the regions of the state where managed care has been implemented, participants have physician services available through the managed care health plan.

Average Monthly Physician Users		
SFY	Actual	Projected
2006	219,015	233,020
2007	207,071	229,966
2008	204,997	223,599
2009		205,000
2010		205,000
2011		205,000

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	2,891,464	0.00	3,949,391	0.00	3,842,775	0.00	3,782,388	0.00
TITLE XIX-FEDERAL AND OTHER	6,351,982	0.00	8,332,660	0.00	8,332,660	0.00	8,332,660	0.00
HEALTH INITIATIVES	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00
HEALTHY FAMILIES TRUST	848,773	0.00	848,773	0.00	848,773	0.00	848,773	0.00
TOTAL - PD	10,163,381	0.00	13,201,986	0.00	13,095,370	0.00	13,034,983	0.00
TOTAL	10,163,381	0.00	13,201,986	0.00	13,095,370	0.00	13,034,983	0.00
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	29,152	0.00	28,782	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	51,200	0.00	51,570	0.00
TOTAL - PD	0	0.00	0	0.00	80,352	0.00	80,352	0.00
TOTAL	0	0.00	0	0.00	80,352	0.00	80,352	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	106,616	0.00	167,003	0.00
TOTAL - PD	0	0.00	0	0.00	106,616	0.00	167,003	0.00
TOTAL	0	0.00	0	0.00	106,616	0.00	167,003	0.00
Dental Rate Increase - 1886038								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,994,761	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,503,479	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,498,240	0.00	0	0.00
TOTAL	0	0.00	0	0.00	5,498,240	0.00	0	0.00
Physician-Related Svc Rate Inc - 1886042								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	139,235	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
DENTAL									
Physician-Related Svc Rate Inc - 1886042									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	244,543	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	383,778	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	383,778	0.00	0	0.00	
Coverage Expansion MAF - 1886053									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	23,193	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	41,555	0.00	
TOTAL - PD	0	0.00	0	0.00	0	0.00	64,748	0.00	
TOTAL	0	0.00	0	0.00	0	0.00	64,748	0.00	
Coverage Expansion -Children - 1886054									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	58,756	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	105,276	0.00	
TOTAL - PD	0	0.00	0	0.00	0	0.00	164,032	0.00	
TOTAL	0	0.00	0	0.00	0	0.00	164,032	0.00	
GRAND TOTAL	\$10,163,381	0.00	\$13,201,986	0.00	\$19,164,356	0.00	\$13,511,118	0.00	

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,842,775	8,332,660	919,935	13,095,370
TRF				
Total	3,842,775	8,332,660	919,935	13,095,370
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	3,782,388	8,332,660	919,935	13,034,983
TRF				
Total	3,782,388	8,332,660	919,935	13,034,983
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275)
Healthy Families Trust Fund (0625)

2. CORE DESCRIPTION

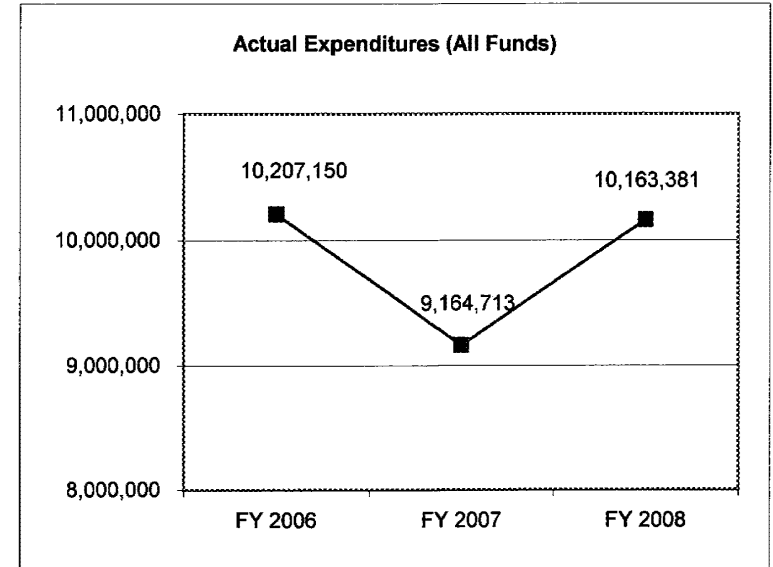
This core request is for the continued funding of the dental fee-for-service program. Funding provides dental services for children, pregnant women, the blind, and nursing facility residents in the defined non-managed care MO HealthNet population.

3. PROGRAM LISTING (list programs included in this core funding)

Dental Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	10,209,285	9,362,981	10,163,381	13,201,986
Less Reverted (All Funds)	(2,135)	(198,268)	0	N/A
Budget Authority (All Funds)	10,207,150	9,164,713	10,163,381	N/A
Actual Expenditures (All Funds)	10,207,150	9,164,713	10,163,381	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) SB 539 eliminated adult dental services. Expenditures of \$13,229,886 were paid from the Supplemental Pool.

(2) Expenditures of \$1,149,629 were paid from the Supplemental Pool and \$3,088,772 from Managed Care.

(3) Expenditures of \$3,700,340 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES DENTAL

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	PD		0.00	3,949,391	8,332,660	919,935	13,201,986	
	Total		0.00	3,949,391	8,332,660	919,935	13,201,986	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1213 8198	PD	0.00	(106,616)	0	0	(106,616)	FMAP adjustment
NET DEPARTMENT CHANGES			0.00	(106,616)	0	0	(106,616)	
DEPARTMENT CORE REQUEST								
	PD		0.00	3,842,775	8,332,660	919,935	13,095,370	
	Total		0.00	3,842,775	8,332,660	919,935	13,095,370	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1213 8198	PD	0.00	(60,387)	0	0	(60,387)	FMAP adjustment
NET GOVERNOR CHANGES			0.00	(60,387)	0	0	(60,387)	
GOVERNOR'S RECOMMENDED CORE								
	PD		0.00	3,782,388	8,332,660	919,935	13,034,983	
	Total		0.00	3,782,388	8,332,660	919,935	13,034,983	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	10,163,381	0.00	13,201,986	0.00	13,095,370	0.00	13,034,983	0.00
TOTAL - PD	10,163,381	0.00	13,201,986	0.00	13,095,370	0.00	13,034,983	0.00
GRAND TOTAL	\$10,163,381	0.00	\$13,201,986	0.00	\$13,095,370	0.00	\$13,034,983	0.00
GENERAL REVENUE	\$2,891,464	0.00	\$3,949,391	0.00	\$3,842,775	0.00	\$3,782,388	0.00
FEDERAL FUNDS	\$6,351,982	0.00	\$8,332,660	0.00	\$8,332,660	0.00	\$8,332,660	0.00
OTHER FUNDS	\$919,935	0.00	\$919,935	0.00	\$919,935	0.00	\$919,935	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Dental

Program is found in the following core budget(s): Dental

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for dental services for fee for service MO HealthNet participants eligible for dental services.

Dental services are typically those diagnostic, preventive and corrective procedures provided by a licensed dentist or dental hygienist performing within his/her scope of practice. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include: treatment of the teeth and associated structure of the oral cavity; preparation, fitting and repair of dentures and associated appliances; and treatment of disease, injury or impairments that affect the general oral health of a participant.

To participate in the MO HealthNet program, a dentist must be licensed by the Missouri Dental Board and have a signed Title XIX Participation Agreement. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home or clinic. The fees paid to the provider are based on maximum allowable amounts identified on a fee schedule. Prior authorization is required for certain services, such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, high noble metal crowns, etc.

Since September 1, 2005, MO HealthNet only covers dental services for adults (age 21 and over) (except individuals under a category of assistance for pregnant women or the blind or nursing facility residents) if the dental care is related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for a medical condition requires a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition. Dental services for children ages 20 and under and individuals under a category of assistance for pregnant women or the blind or nursing facility residents remain unchanged.

Covered services under the dental program include, but are not limited to, examinations, prophylaxis, fluoride treatments, extractions, anesthesia, crowns, injections, oral surgery, periodontal treatment (in limited cases), pulp treatment, restoration, root canal therapy and x-rays. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to those eligibles age 20 and under for the most handicapping malocclusions. Dentures (full or partial), denture adjustments, or repairs, and denture duplication or relines are covered only for participants under a category of assistance for pregnant women, the blind, nursing facility residents or children 20 and under.

Dental services for adults have been provided for through SB577 during the 94th General Assembly; however no appropriations were allocated for these services.

A copayment, a portion of the providers' charges paid by the participant, is required on many dental services. Participants under age 19, hospice participants, participants who reside in nursing facilities, residential care facilities, psychiatric hospitals or adult boarding homes, and participants age 18-21 in foster care are exempt from copayments. The copayment, in accordance with title 42 Code of Federal Regulations part 447.54, is based on the lesser of the provider's usual charge for the service or the Maximum Allowable Amount. The copayment is \$.50 for charges of \$10.00 or less, \$1.00 for \$10.01 to \$25.00, \$2.00 for \$25.01 to \$50.00 and \$3.00 for charges of \$50.01 or more. Reimbursement for services to individuals not subject to the copayment is determined by adding together the maximum allowable amount plus one-half the participant cost share amount listed for the procedure. This formula represents the minimum amount allowed for the procedure code. Reimbursement is made at the lower of the providers billed amount or the maximum allowed less any TPL.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: RSMo. 208.152, 208.166; Federal law: Social Security Act Section 1905(a)(10); Federal regulation: 42 CFR 440.100

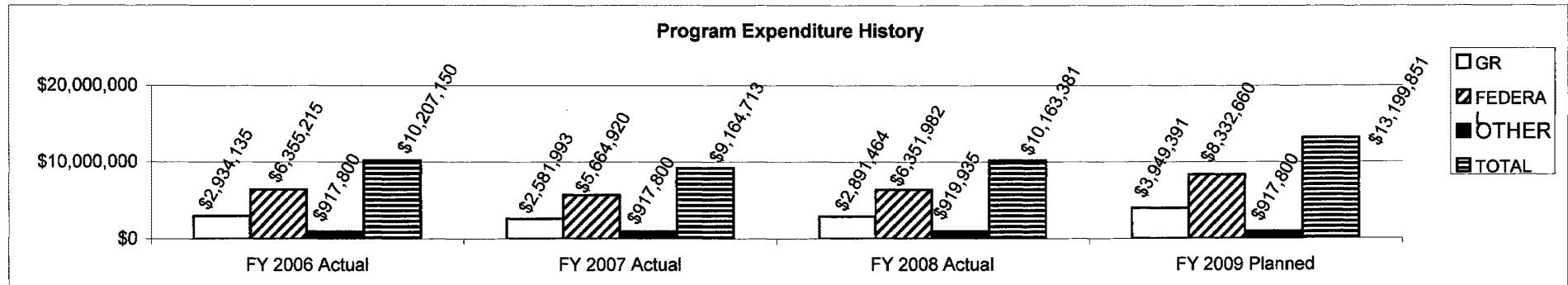
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

No for adults. Yes for children

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Health Initiatives Fund (0275) and Healthy Families Trust Fund (0625).

7a. Provide an effectiveness measure.

The purpose of the EPSDT/HCY program is to ensure a comprehensive, preventative health care program for Missouri. The HCY programs provides early and periodic medical/dental/vision/hearing screening, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening. A dental screening is available to children from birth until they become 21 years of age.

MO HealthNet Users of EPSDT Dental Services			
Federal Fiscal Year	Any Dental Service	Preventative Services	Dental Treatment
2006	157,869	137,719	94,086
2007	159,591	140,785	89,792
2008	169,596	154,643	89,113
2009*	182,195	173,646	84,403
2010*	208,000	214,178	79,338
2011*	237,120	244,163	79,338

*Projected

7b. Provide an efficiency measure.

Average Cost per Service		
SFY	Actual	Projected
2006	\$41.32	\$39.87
2007	\$32.89	\$41.34
2008	\$32.47	\$32.91
2009		\$32.05
2010		\$31.64
2011		\$31.24

Average Monthly Units of Service per User per Month		
SFY	Actual	Projected
2006	4.18	4.15
2007	4.26	4.29
2008	4.31	4.34
2009		4.42
2010		4.50
2011		4.55

7c. Provide the number of clients/individuals served, if applicable.

Participants:

Dental services are available to all MO HealthNet participants*. In the regions of the state where managed care has been implemented, children have dental services available through the managed care health plans.

*Effective September 1, 2005 dental services were available only to children, pregnant women, the blind, and nursing facility residents. Dental services were available to other adults if the dental care was related to trauma or a disease/medical condition. Qualified Medicare Beneficiaries (QMB's) were not eligible for dental services.

Dental services for adults have been reinstated with SB 577, subject to appropriation, during the 94th General Assembly; however no appropriations were allocated for these services.

Average Number of Dental Services Users per Month		
SFY	Actual	Projected
2006	9,286	7,293
2007	5,959	11,605
2008	6,228	7,082
2009		6,509
2010		6,803
2011		7,110

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit		FY 2008		FY 2008		FY 2009		FY 2009		FY 2010		FY 2010		FY 2010		FY 2010	
Decision Item		FY 2008		FY 2008		FY 2009		FY 2009		FY 2010		FY 2010		FY 2010		FY 2010	
Budget Object Summary		ACTUAL		ACTUAL		BUDGET		BUDGET		DEPT REQ		DEPT REQ		GOV REC		GOV REC	
Fund		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE		DOLLAR		FTE	
PREMIUM PAYMENTS																	
CORE																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		52,929,562	0.00	53,660,706	0.00	52,311,225	0.00	51,647,962	0.00								
TITLE XIX-FEDERAL AND OTHER		91,139,799	0.00	94,501,846	0.00	94,501,846	0.00	94,501,846	0.00								
TOTAL - PD		144,069,361	0.00	148,162,552	0.00	146,813,071	0.00	146,149,808	0.00								
TOTAL		144,069,361	0.00	148,162,552	0.00	146,813,071	0.00	146,149,808	0.00								
PTD/QMB MHD Caseload Growth - 1886033																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	1,968,982	0.00	1,944,017	0.00								
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	3,458,200	0.00	3,483,165	0.00								
TOTAL - PD		0	0.00	0	0.00	5,427,182	0.00	5,427,182	0.00								
TOTAL		0	0.00	0	0.00	5,427,182	0.00	5,427,182	0.00								
Medicare Premium Increase - 1886017																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	1,461,051	0.00	1,436,403	0.00								
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	2,583,723	0.00	2,608,371	0.00								
TOTAL - PD		0	0.00	0	0.00	4,044,774	0.00	4,044,774	0.00								
TOTAL		0	0.00	0	0.00	4,044,774	0.00	4,044,774	0.00								
FMAP adjustment - 1886020																	
PROGRAM-SPECIFIC																	
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	1,349,481	0.00	2,012,744	0.00								
TOTAL - PD		0	0.00	0	0.00	1,349,481	0.00	2,012,744	0.00								
TOTAL		0	0.00	0	0.00	1,349,481	0.00	2,012,744	0.00								
Coverage Expansion MAF - 1886053																	
PROGRAM-SPECIFIC																	
GENERAL REVENUE		0	0.00	0	0.00	0	0.00	51,024	0.00								

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	91,422	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	142,446	0.00
TOTAL	0	0.00	0	0.00	0	0.00	142,446	0.00
GRAND TOTAL	\$144,069,361	0.00	\$148,162,552	0.00	\$157,634,508	0.00	\$157,776,954	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	52,311,225	94,501,846		146,813,071
TRF				
Total	52,311,225	94,501,846		146,813,071
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	51,647,962	94,501,846		146,149,808
TRF				
Total	51,647,962	94,501,846		146,149,808
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

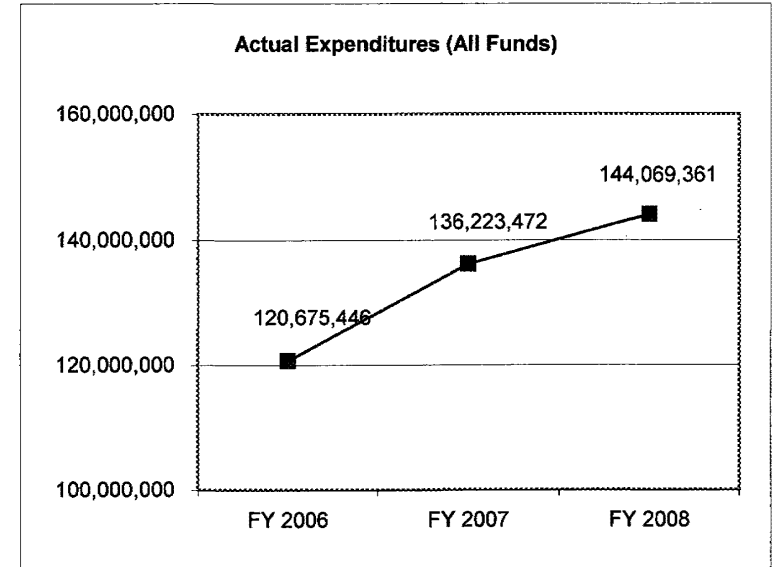
This core request is for the ongoing funding for premium payments for health insurance through the following MO HealthNet programs: Medicare Buy-In and the Health Insurance Premium Payment (HIPP) program.

3. PROGRAM LISTING (list programs included in this core funding)

Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	125,838,041	146,129,677	153,556,238	148,162,552
Less Reverted (All Funds)	(102,896)	0	(4,000,000)	N/A
Budget Authority (All Funds)	125,735,145	146,129,677	149,556,238	N/A
Actual Expenditures (All Funds)	120,675,446	136,223,472	144,069,361	N/A
Unexpended (All Funds)	5,059,699	9,906,205	5,486,877	N/A
Unexpended, by Fund:				
General Revenue	140,478	4,294,000	337,073	N/A
Federal	4,919,221	5,612,205	5,149,804	N/A
Other	0	0	0	N/A



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

PREMIUM PAYMENTS

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	PD		0.00	53,660,706	94,501,846	0	148,162,552	
	Total		0.00	53,660,706	94,501,846	0	148,162,552	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1216 8200	PD	0.00	(1,349,481)	0	0	(1,349,481)	FMAP adjustment
NET DEPARTMENT CHANGES			0.00	(1,349,481)	0	0	(1,349,481)	
DEPARTMENT CORE REQUEST								
	PD		0.00	52,311,225	94,501,846	0	146,813,071	
	Total		0.00	52,311,225	94,501,846	0	146,813,071	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1216 8200	PD	0.00	(663,263)	0	0	(663,263)	FMAP adjustment
NET GOVERNOR CHANGES			0.00	(663,263)	0	0	(663,263)	
GOVERNOR'S RECOMMENDED CORE								
	PD		0.00	51,647,962	94,501,846	0	146,149,808	
	Total		0.00	51,647,962	94,501,846	0	146,149,808	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	144,069,361	0.00	148,162,552	0.00	146,813,071	0.00	146,149,808	0.00
TOTAL - PD	144,069,361	0.00	148,162,552	0.00	146,813,071	0.00	146,149,808	0.00
GRAND TOTAL	\$144,069,361	0.00	\$148,162,552	0.00	\$146,813,071	0.00	\$146,149,808	0.00
GENERAL REVENUE	\$52,929,562	0.00	\$53,660,706	0.00	\$52,311,225	0.00	\$51,647,962	0.00
FEDERAL FUNDS	\$91,139,799	0.00	\$94,501,846	0.00	\$94,501,846	0.00	\$94,501,846	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

1. What does this program do?

PROGRAM SYNOPSIS: This program pays for health insurance premiums for eligible participants. Payments include premiums for Medicare Part A, Medicare Part B and group health insurance premiums provided under the Health Insurance Premium Payment (HIPP) program. Payment of these premiums transfers medical costs from MO HealthNet to Medicare and other payers.

Medicare Buy-In:

The Medicare Buy-in Program allows states to enroll certain groups of eligible individuals in the Medicare Part A and Part B program and pay their premiums. The purpose of buy-in is to permit the state, as part of its total assistance plan, to provide Medicare protection to certain groups of eligible individuals. It transfers medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII. This process allows the state to realize cost savings through substitution of Medicare liability for the majority of the medical costs before Medicaid reimburses for the services. There are two types of buy-in agreements - "1634 agreements" and "209b". States with "1634 agreements" have the same Medicaid eligibility standards as the Supplemental Security Income (SSI) program. States with more restrictive eligibility standards for Medicaid are "209b" states. The "209b" states make their own buy-in determinations. Missouri is a 209b state.

The buy-in for Part A began in FY 90 (September 1989). The Part B buy-in has been a MO HealthNet service since January 1968.

Health Insurance Premium Payment:

The Health Insurance Premium Payment (HIPP) program is a program that pays for the cost of health insurance premiums, coinsurance, and deductibles. The program pays for health insurance for MO HealthNet eligibles when it is "cost effective". "Cost effective" means that it costs less to buy health insurance to cover medical care than to pay for the same services with MO HealthNet funds. Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet-eligible person in the household. The average cost of each MO HealthNet participant is based on the previous year's MO HealthNet expenditures with like demographic data - age, sex, geographic location (county), type of assistance (MAF, OAA, and disabled), and the types of services covered by the group insurance. The HIPP program has been a MO HealthNet program since September 1992.

Provisions of OBRA 90 require states to purchase group health insurance (such as an employer sponsored insurance) for a MO HealthNet participant (who is eligible to enroll for the coverage) when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo 208.153; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

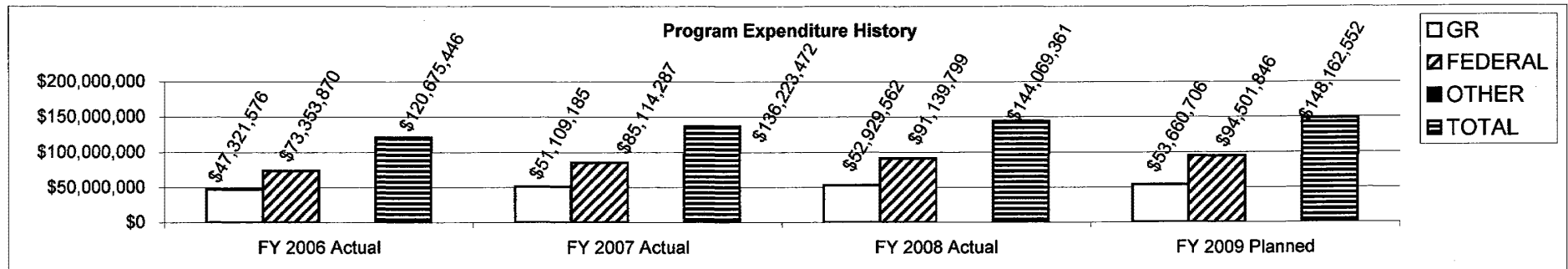
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the annual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.

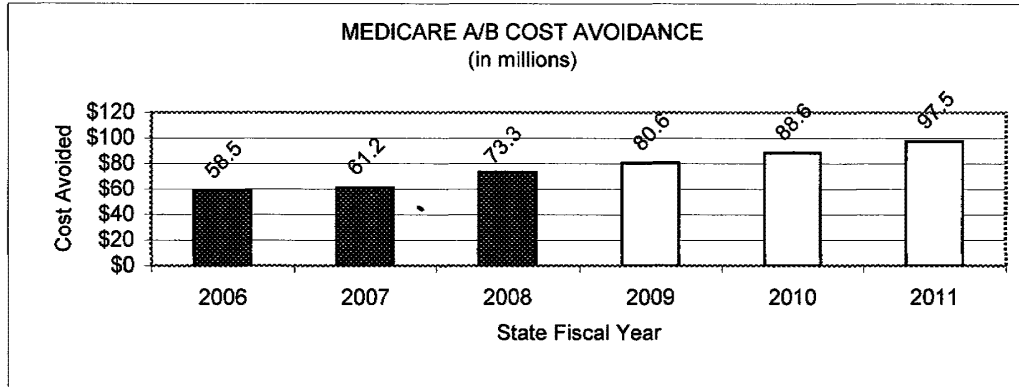


6. What are the sources of the "Other" funds?

N/A.

7a. Provide an effectiveness measure.

By paying Medicare premiums for dual eligibles, the MO HealthNet avoided over \$73 million in SFY 2008 as shown in the table below.



7b. Provide an efficiency measure.

HIPP Cost Avoidance		
SFY	Actual	Projected
2006	\$2.29 Mil	\$2.50 Mil
2007	\$3.35 Mil	\$2.50 Mil
2008	\$2.84 Mil	\$3.25 Mil
2009		\$3.25 Mil
2010		\$3.25 Mil
2011		\$3.25 Mil

7c. Provide the number of clients/individuals served, if applicable.

Participants Receiving Premium Payments						
	Part A		Part B		HIPP	
SFY	Actual	Projected	Actual	Projected	Actual	Projected
2006	859		110,181		1,178	
2007	966		112,417		1,400	
2008	1,020		115,936		1,482	
2009		1,148		119,117		1,556
2010		1,188		123,475		1,634
2011		1,229		127,992		1,716

Eligibles:

Part A (Hospital) premium payments can be made for: Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals

Part B (Medical) premium payments can be made for: Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO HealthNet participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds.

7d. Provide a customer satisfaction measure, if available.

**NEW DECISION ITEM
RANK: 13**

Department: Social Services
Division: MO HealthNet
DI Name: Medicare Premium Increases

Budget Unit: 90547C

DI#: 1886017

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	1,461,051	2,583,723		4,044,774
TRF				
Total	1,461,051	2,583,723		4,044,774
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	1,436,403	2,608,371		4,044,774
TRF				
Total	1,436,403	2,608,371		4,044,774
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is requested for anticipated Medicare Part A and Part B increases.

Federal law mandates that the Medicare Part A and Part B premiums cover a certain percentage of the cost of the Medicare program. Medicare Part A and Part B premiums are adjusted each January. In FY10, Part A premiums are estimated to be \$466.36 which consists of a FY09 projection of \$444.15 plus a \$22.21 increase. In FY10, Part B premiums are estimated to be \$106.28 which consists of a FY09 projection of \$101.22 plus a \$5.06 increase.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is RSMo 208.153.

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4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The request is for six months of funding for the calendar year 2009 premium increases and six months of funding for the expected premium increases for calendar year 2010.

Projected participants are based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is 63.19% for three months and 63.89% for nine months.

<u>FY10 Department Request:</u>	Part A	Part B	Total
Eligibles per month (FY09)	1,148	119,117	
Eligibles per month (FY10)	1,188	123,475	
Premium Increase (1/09)	\$20.00	\$0.00	
Premium Increase (1/10)	\$22.21	\$5.06	
<u>Calendar Year 2009 Increase:</u>			
Average eligibles per month	1,148	119,117	
Premium increase for 2009	\$20.00	\$0.00	
Number of months to increase	6	6	
Projected increase 7/09 - 12/09	137,760	0	\$137,760
<u>Calendar Year 2010 Increase:</u>			
Average eligibles per month	1,188	123,475	
Premium increase for 2010	\$22.21	\$5.06	
Number of months to increase	6	6	
Projected increase 1/10 - 6/10.	158,313	3,748,701	\$3,907,014
Total	\$296,073	\$3,748,701	\$4,044,774

	Total	GR	Federal
Part A Request	296,073	107,394	188,679
Part B Request	3,748,701	1,353,657	2,395,044
Total	\$4,044,774	\$1,461,051	\$2,583,723

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

The federal matching rate used is 63.19% for three months and 64.51% for nine months.

	Total	GR	Federal
Part A Request	296,073	105,990	190,083
Part B Request	3,748,701	1,330,413	2,418,288
Total	\$4,044,774	\$1,436,403	\$2,608,371

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	1,461,051		2,583,723		0		4,044,774		
Total PSD	1,461,051		2,583,723		0		4,044,774		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	1,461,051	0.0	2,583,723	0.0	0	0.0	4,044,774	0.0	0

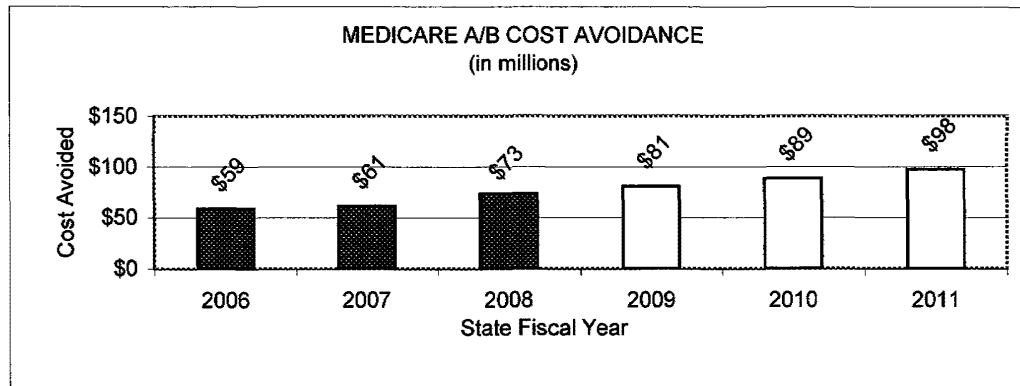
5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	1,436,403		2,608,371				4,044,774		
Total PSD	1,436,403		2,608,371		0		4,044,774		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	1,436,403	0.0	2,608,371	0.0	0	0.0	4,044,774	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

By paying Medicare premiums for dual participants, the MO HealthNet avoided over \$73 million in SFY 2008 as shown in the table below.



6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Participants Receiving Premium Payment				
SFY	Part A		Part B	
	Actual	Projected	Actual	Projected
2006	859		110,181	
2007	966		112,417	
2008	1,020		115,936	
2009		1,148		119,117
2010		1,188		123,475
2011		1,229		127,992

▪ Part A (Hospital) premium payment can be made for:

- Qualified Medicare Beneficiaries (QMBs)
- Qualified Disabled Working Individuals

▪ Part B (Medical) premium payment can be made for:

- Individuals that meet certain income standards
- Qualified Medicare Beneficiaries (QMBs)
- Specified Low-Income Medicare Beneficiaries

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PREMIUM PAYMENTS								
Medicare Premium Increase - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	4,044,774	0.00	4,044,774	0.00
TOTAL - PD	0	0.00	0	0.00	4,044,774	0.00	4,044,774	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,044,774	0.00	\$4,044,774	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,461,051	0.00	\$1,436,403	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,583,723	0.00	\$2,608,371	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit		FY 2008		FY 2009		FY 2010		FY 2010	
Decision Item		ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE		141,336,243	0.00	163,427,935	0.00	158,465,176	0.00	155,673,789	0.00
TITLE XIX-FEDERAL AND OTHER		333,690,533	0.00	382,526,756	0.00	381,310,841	0.00	381,310,841	0.00
UNCOMPENSATED CARE FUND		58,516,478	0.00	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00
THIRD PARTY LIABILITY COLLECT		2,592,981	0.00	2,592,981	0.00	2,592,981	0.00	2,592,981	0.00
HEALTHY FAMILIES TRUST		0	0.00	17,973	0.00	17,973	0.00	17,973	0.00
TOTAL - PD		536,136,235	0.00	607,082,123	0.00	600,903,449	0.00	598,112,062	0.00
TOTAL		536,136,235	0.00	607,082,123	0.00	600,903,449	0.00	598,112,062	0.00
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	4,270,459	0.00	7,061,846	0.00
TOTAL - PD		0	0.00	0	0.00	4,270,459	0.00	7,061,846	0.00
TOTAL		0	0.00	0	0.00	4,270,459	0.00	7,061,846	0.00
Coverage Expansion MAF - 1886053									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	0	0.00	18,554	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	0	0.00	33,245	0.00
TOTAL - PD		0	0.00	0	0.00	0	0.00	51,799	0.00
TOTAL		0	0.00	0	0.00	0	0.00	51,799	0.00
GRAND TOTAL		\$536,136,235	0.00	\$607,082,123	0.00	\$605,173,908	0.00	\$605,225,707	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	158,465,176	381,310,841	61,127,432	600,903,449
TRF				
Total	158,465,176	381,310,841	61,127,432	600,903,449
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108)
Healthy Families Trust Fund (HFTF) (0625)
Third Party Liability Collections Fund (TPL) (0120)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	155,673,789	381,310,841	61,127,432	598,112,062
TRF				
Total	155,673,789	381,310,841	61,127,432	598,112,062
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108)
Healthy Families Trust Fund (HFTF) (0625)
Third Party Liability Collections Fund (TPL) (0120)

2. CORE DESCRIPTION

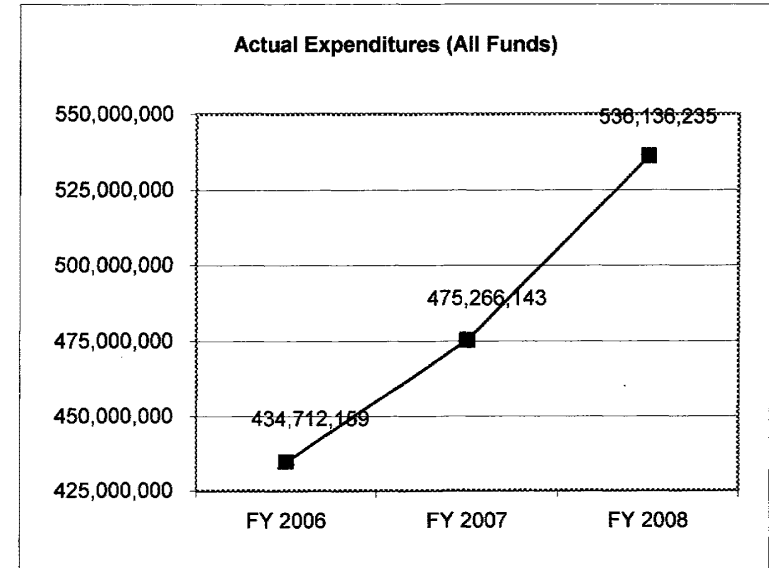
This core is for ongoing funding for payments for long-term nursing care for MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	434,712,159	507,691,439	574,423,429	607,082,123
Less Reverted (All Funds)	0	0	(5,000,000)	N/A
Budget Authority (All Funds)	434,712,159	507,691,439	569,423,429	N/A
Actual Expenditures (All Funds)	434,712,159	475,266,143	536,136,235	N/A
Unexpended (All Funds)	0	32,425,296	33,287,194	N/A
Unexpended, by Fund:				
General Revenue	0	0	11,550,695	N/A
Federal	0	19,692,210	21,718,526	N/A
Other	0	12,733,086	17,973	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Expenditures of \$30,673,390 were paid from the Supplemental Pool.

(2) Received \$11.5 million (\$7 million federal and \$4.5 million general revenue) in supplemental funding for a \$3.00 a day rate increase. Increase not granted in FY 07 - awaiting approval from CMS. CMS approved the rate adjustment in FY 08 and back payments were made to nursing homes for the \$3 per day increase.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES NURSING FACILITIES

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	163,427,935	382,526,756	61,127,432	607,082,123	
			Total	0.00	163,427,935	382,526,756	61,127,432	607,082,123	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1138 6473	PD	0.00		0	(1,215,915)	0	(1,215,915)	Increase in patient surplus
Core Reduction	1138 6472	PD	0.00		(692,300)	0	0	(692,300)	Increase in patient surplus
Core Reduction	1482 6472	PD	0.00		(4,270,459)	0	0	(4,270,459)	FMAP adjustment
NET DEPARTMENT CHANGES				0.00	(4,962,759)	(1,215,915)	0	(6,178,674)	
DEPARTMENT CORE REQUEST									
		PD	0.00		158,465,176	381,310,841	61,127,432	600,903,449	
		Total	0.00		158,465,176	381,310,841	61,127,432	600,903,449	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1482 6472	PD	0.00		(2,791,387)	0	0	(2,791,387)	FMAP adjustment
NET GOVERNOR CHANGES				0.00	(2,791,387)	0	0	(2,791,387)	
GOVERNOR'S RECOMMENDED CORE									
		PD	0.00		155,673,789	381,310,841	61,127,432	598,112,062	
		Total	0.00		155,673,789	381,310,841	61,127,432	598,112,062	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	536,136,235	0.00	607,082,123	0.00	600,903,449	0.00	598,112,062	0.00
TOTAL - PD	536,136,235	0.00	607,082,123	0.00	600,903,449	0.00	598,112,062	0.00
GRAND TOTAL	\$536,136,235	0.00	\$607,082,123	0.00	\$600,903,449	0.00	\$598,112,062	0.00
GENERAL REVENUE	\$141,336,243	0.00	\$163,427,935	0.00	\$158,465,176	0.00	\$155,673,789	0.00
FEDERAL FUNDS	\$333,690,533	0.00	\$382,526,756	0.00	\$381,310,841	0.00	\$381,310,841	0.00
OTHER FUNDS	\$61,109,459	0.00	\$61,127,432	0.00	\$61,127,432	0.00	\$61,127,432	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Nursing Facilities

Program is found in the following core budget(s): Nursing Facilities

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for long term nursing care for MO HealthNet participants.

This program provides long-term institutional care for MO HealthNet participants. In SFY 08, an average of 500 nursing homes were enrolled in the MO HealthNet program with an average of 24,520 participants per month. Nursing facility care users are 2.95% of the total MO HealthNet participants. However, the nursing facility program comprises almost 15.55% of the total program dollars.

Payment is based on a per diem. A per diem rate is established for each nursing home by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division. A portion of the per diem is paid from the Nursing Facilities budget section and a portion from NFFRA. During the SFY08 legislative session, a trend adjustment was granted in the Nursing Facility line to increase all nursing facility rates by \$6.00 per day effective for dates of services beginning July 1, 2008.

The current reimbursement methodology is based on a cost component system. The components are patient care, ancillary, administration, and capital. A working capital allowance, incentives and the Nursing Facility Reimbursement Allowance (NFRA) are also elements of the total reimbursement rate. Patient care includes nursing, medical supplies, activities, social services, and dietary costs. Ancillary services are therapies, barber and beauty shop, laundry, and housekeeping. Administration includes plant operation costs and administrative costs. Capital costs are reimbursed through a fair rental value methodology. The capital component includes five types of costs: rental value, return, computed interest, borrowing costs and pass through expenses. Property insurance and real estate & personal taxes (the pass through expenses) are the only part of the capital component that is trended. The working capital allowance per diem rate is equal to 1.1 months of the total of the facility's per diem rates for the patient care, ancillary and administration cost components times the prime rate plus 2%. There are three incentives which are paid to qualified facilities to encourage patient care expenditures and cost efficiencies in administration. The patient care incentive is 10% of a facility's patient care per diem up to a maximum of 130% of the patient care median. The ancillary incentive is paid to all facilities whose costs are below the ancillary ceiling. The amount is one-half the difference between certain parameters. The multiple component incentive is allowed for facilities whose patient care and ancillary per diem are between 60 - 80% of total per diem and an additional amount is allowed for facilities with high MO HealthNet utilization. The current NFRA is also included in the total reimbursement rate since it is an allowable MO HealthNet cost.

The reimbursement system is a prospective system. Once the rate is established on a given cost report year, it will not change until the rates are rebased on another cost report year. This rate may be adjusted for global per diem rate adjustment, such as trends, which are granted to the industry as a whole and are applied to the previously established rate.

Providers are reimbursed for MO HealthNet participants based on the residents' days of care multiplied by the facility's Title XIX per diem less any patient surplus amount. The amount of money the MO HealthNet participant contributes to his or her nursing home care is called patient surplus. The patient surplus is based upon the participant's income and expenses. The amount of the patient surplus is calculated by a Family Support Division caseworker. The gross income (usually a Social Security benefit check) of the participant is adjusted for the following: personal standard (this is the amount the participant may keep for personal use; it is currently \$50); an allotment (this is the money allocated for use by the community spouse or dependent children); and medical deductions (Medicare premiums or private medical insurance premiums that the participant pays for his own medical coverage). The remainder is the patient surplus. The participant and the nursing facility are notified of the amount of the patient surplus by the Family Support Division. The nursing home provider is responsible for obtaining the patient surplus from the participant.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Section 1905(a)(4); Federal regulations: 42CFR 440.40 and 440.210

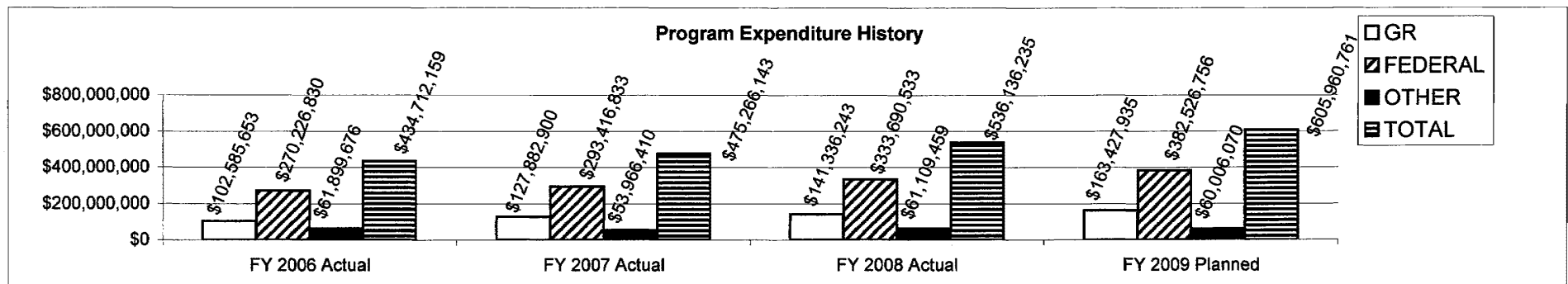
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Yes, for people over age 21.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120), and Healthy Families Trust Fund (0625).

7a. Provide an effectiveness measure.

Nursing Facility Occupancy		
SFY	Actual	Projected
2006	72.6%	72.8%
2007	72.5%	72.6%
2008	71.7%	72.6%
2009		72.7%
2010		72.8%
2011		72.9%

7b. Provide an efficiency measure.**7c. Provide the number of clients/individuals served, if applicable.**

Average Monthly MO HealthNet Nursing Facility Users		
SFY	Actual	Projected
2006	24,842	24,500
2007	24,395	26,447
2008	24,505	25,000
2009		25,500
2010		26,000
2011		26,500

MO HealthNet Paid Patient Days		
SFY	Actual	Projected
2006	8.8 mil	9.0 mil
2007	8.5 mil	8.8 mil
2008	8.4 mil	8.7 mil
2009		8.5 mil
2010		8.5 mil
2011		8.6 mil

Average Per Diem Rate		
SFY	Actual	Projected
2006	\$107.95	
2007	\$111.12	
2008	\$120.12	
2009	\$126.12	
2010		
2011		

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	50,000	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	50,000	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	100,000	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	3,943,760	0.00	4,366,384	0.00	2,346,737	0.00	2,314,962	0.00
TITLE XIX-FEDERAL AND OTHER	6,675,499	0.00	7,711,339	0.00	4,345,574	0.00	4,345,574	0.00
HEALTH INITIATIVES	69,563	0.00	159,305	0.00	159,305	0.00	159,305	0.00
TOTAL - PD	10,688,822	0.00	12,237,028	0.00	6,851,616	0.00	6,819,841	0.00
TOTAL	10,688,822	0.00	12,337,028	0.00	6,851,616	0.00	6,819,841	0.00
PTD/QMB MHD Caseload Growth - 1886033								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	79,480	0.00	78,472	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	139,594	0.00	140,602	0.00
TOTAL - PD	0	0.00	0	0.00	219,074	0.00	219,074	0.00
TOTAL	0	0.00	0	0.00	219,074	0.00	219,074	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	55,886	0.00	87,661	0.00
TOTAL - PD	0	0.00	0	0.00	55,886	0.00	87,661	0.00
TOTAL	0	0.00	0	0.00	55,886	0.00	87,661	0.00
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	23,193	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	41,555	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	64,748	0.00
TOTAL	0	0.00	0	0.00	0	0.00	64,748	0.00
GRAND TOTAL	\$10,688,822	0.00	\$12,337,028	0.00	\$7,126,576	0.00	\$7,191,324	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	2,346,737	4,345,574	159,305	6,851,616
TRF				
Total	<u>2,346,737</u>	<u>4,345,574</u>	<u>159,305</u>	<u>6,851,616</u>

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	2,314,962	4,345,574	159,305	6,819,841
TRF				
Total	<u>2,314,962</u>	<u>4,345,574</u>	<u>159,305</u>	<u>6,819,841</u>

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275)

2. CORE DESCRIPTION

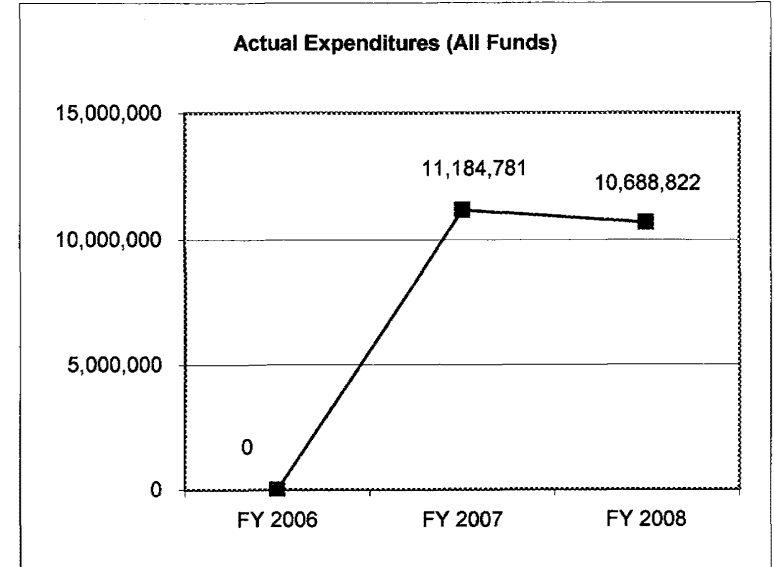
This core request is for on-going funding for payments for services provided through the Home Health program. This program is designed to help a MO HealthNet participant remain in their home instead of seeking institutional care.

3. PROGRAM LISTING (list programs included in this core funding)

Home Health Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	12,283,092	12,033,968	12,337,028
Less Reverted (All Funds)	0	(15,279)	(131,614)	N/A
Budget Authority (All Funds)	0	12,267,813	11,902,354	N/A
Actual Expenditures (All Funds)	0	11,184,781	10,688,822	N/A
Unexpended (All Funds)	0	1,083,032	1,213,532	N/A
Unexpended, by Fund:				
General Revenue	0	257,582	311,753	N/A
Federal	0	670,924	812,037	N/A
Other	0	154,526	89,742	N/A
	(1)	(2) (3)	(3)	(3)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Funding for the Home and Community-Based program was transferred to DHSS in FY 2006.

(2) The Home Health and PACE programs were transferred back to DSS/MHD in FY 2007. These programs are not managed by DHSS.

(3) The Home Health and PACE programs were funded through one appropriation in FY 2007, FY 2008 and FY 2009. They will be divided into separate budgeting units beginning FY 2010.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

HOME HEALTH

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			EE	0.00	50,000	50,000	0	100,000	
			PD	0.00	4,366,384	7,711,339	159,305	12,237,028	
			Total	0.00	4,416,384	7,761,339	159,305	12,337,028	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1483 1797	PD		0.00	(55,886)	0	0	(55,886)	FMAP adjustment
Core Reallocation	387 1797	EE		0.00	(50,000)	0	0	(50,000)	Reallocate to new PACE budget section.
Core Reallocation	387 1798	EE		0.00	0	(50,000)	0	(50,000)	Reallocate to new PACE budget section.
Core Reallocation	387 1797	PD		0.00	(1,963,761)	0	0	(1,963,761)	Reallocate to new PACE budget section.
Core Reallocation	387 1798	PD		0.00	0	(3,365,765)	0	(3,365,765)	Reallocate to new PACE budget section.
NET DEPARTMENT CHANGES				0.00	(2,069,647)	(3,415,765)	0	(5,485,412)	
DEPARTMENT CORE REQUEST									
			EE	0.00	0	0	0	0	
			PD	0.00	2,346,737	4,345,574	159,305	6,851,616	
			Total	0.00	2,346,737	4,345,574	159,305	6,851,616	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1483 1797	PD		0.00	(31,775)	0	0	(31,775)	FMAP adjustment
NET GOVERNOR CHANGES				0.00	(31,775)	0	0	(31,775)	
GOVERNOR'S RECOMMENDED CORE									
			EE	0.00	0	0	0	0	
			PD	0.00	2,314,962	4,345,574	159,305	6,819,841	
			Total	0.00	2,314,962	4,345,574	159,305	6,819,841	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOME HEALTH								
CORE								
PROFESSIONAL SERVICES	0	0.00	100,000	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	100,000	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	10,688,822	0.00	12,237,028	0.00	6,851,616	0.00	6,819,841	0.00
TOTAL - PD	10,688,822	0.00	12,237,028	0.00	6,851,616	0.00	6,819,841	0.00
GRAND TOTAL	\$10,688,822	0.00	\$12,337,028	0.00	\$6,851,616	0.00	\$6,819,841	0.00
GENERAL REVENUE	\$3,943,760	0.00	\$4,416,384	0.00	\$2,346,737	0.00	\$2,314,962	0.00
FEDERAL FUNDS	\$6,675,499	0.00	\$7,761,339	0.00	\$4,345,574	0.00	\$4,345,574	0.00
OTHER FUNDS	\$69,563	0.00	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Home Health

Program is found in the following core budget(s): Home Health

1. What does this program do?

PROGRAM SYNOPSIS: Funds Home Health services. These programs help MO HealthNet participants remain in their homes instead of seeking institutional care.

Home Health - Home Health services provide primarily medically oriented treatment or supervision on an intermittent basis to homebound individuals with an acute illness which can be therapeutically managed at home. Individuals are considered "homebound" if they have a condition that restricts their ability to leave their place of residence except with the aid of supportive devices, the use of special transportation or the assistance of another person, or if they have a condition that medically contraindicates traveling to obtain needed healthcare. However, the individual may still be considered homebound even if they occasionally leave home for infrequent and short periods of time for non-medical purposes as well as to receive treatment that cannot be delivered in the home. The care follows a written plan of treatment established and reviewed every 62 days by a physician. Services included in the Home Health benefit are skilled nursing, home health aide, physical, occupational and speech therapies, and supplies. Participants who are eligible under aid categories for children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapy. Therapy must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Home Health services are reimbursed on a per visit basis. A visit is a personal contact for a period of time not to exceed three hours in a client's home. Payment for the visit is the lower of the provider's actual billed charge or the state MO HealthNet agency established capped amount. The current MO HealthNet cap is \$64.15. The cap was increased by \$0.88 (from \$63.27) in FY 09. The Home Health program is a mandatory program added to the MO HealthNet program in July 1972, serving eligibles throughout the state.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.168; Federal law: Social Security Act Section 1905(a)(24), 1905(a)(7) and 1915(c);

Federal Regulations: 42 CFR 440.170(f), 440.210, 440.130 and 440.180 and 460. Social Security Act Sections: 1894, 1905(a) and 1934.

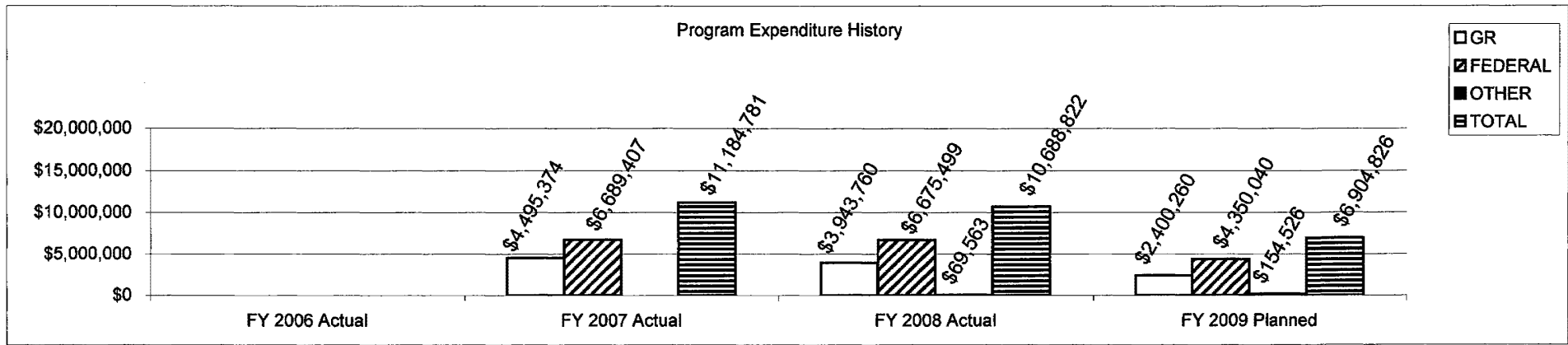
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 was a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Home Health is mandatory.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY06 Home Health and PACE funding was transferred to DHSS with other Home & Community Based Services. In FY07, they were transferred back to DSS. From FY07 through FY08 funding for the Home Health and PACE programs were in the same appropriation. FY09 Planned is only Home Health. PACE planned expenditures are shown in the PACE program description.

6. What are the sources of the "Other" funds?

Health Initiative Fund (0275).

7a. Provide an effectiveness measure.

Average Number of Days per User		
SFY	Actual	Projected
2006	14.28	
2007	13.83	
2008	12.23	
2009		12.16
2010		12.10
2011		12.04

User Count by Number of Days					
SFY	0-60	61-90	91-120	121+	Total
2006	17,570	40	18	68	17,696
2007	16,703	62	23	48	16,836
2008	16,676	29	10	24	16,739
2009*	17,010	30	10	24	17,074
2010*	17,350	30	10	25	17,415
2011*	17,697	31	11	25	17,764

*Projected

Home health plans are reviewed every 62 days. The average number of days per user of services is declining showing the effectiveness of the home health program.

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7b. Provide an efficiency measure.

Cost for Care per User		
SFY	Home Health	Inpatient and Outpatient Hospital
2006	\$484	\$752
2007	\$489	\$780
2008	\$503	\$854
2009*	\$499	\$835
2010*	\$504	\$865
2011*	\$509	\$895

*Projected

Providing necessary health care at home is more cost efficient than providing care in the hospital.

7c. Provide the number of clients/individuals served, if applicable.

Participants:

Services are available to all MO HealthNet fee-for-service and Managed Care participants, however, certain criteria (medical need or age requirement) must be met before participants can receive services.

Average Monthly Number of Home Health Users		
SFY	Actual	Projected
2006	840	
2007	909	
2008	829	
2009		840
2010		840
2011		840

7d. Provide a customer satisfaction measure, if available.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PACE								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,919,832	0.00	1,894,856	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,365,765	0.00	3,365,765	0.00
TOTAL - PD	0	0.00	0	0.00	5,285,597	0.00	5,260,621	0.00
TOTAL	0	0.00	0	0.00	5,285,597	0.00	5,260,621	0.00
PACE Rebase - 1886007								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	361,095	0.00	356,516	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	634,205	0.00	638,784	0.00
TOTAL - PD	0	0.00	0	0.00	995,300	0.00	995,300	0.00
TOTAL	0	0.00	0	0.00	995,300	0.00	995,300	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	43,929	0.00	68,905	0.00
TOTAL - PD	0	0.00	0	0.00	43,929	0.00	68,905	0.00
TOTAL	0	0.00	0	0.00	43,929	0.00	68,905	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$6,324,826	0.00	\$6,324,826	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Programs for All-Inclusive Care for the Elderly (PACE)

Budget Unit: 90568C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,919,832	3,365,765		5,285,597
TRF				
Total	<u>1,919,832</u>	<u>3,365,765</u>		<u>5,285,597</u>
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,894,856	3,365,765		5,260,621
TRF				
Total	<u>1,894,856</u>	<u>3,365,765</u>		<u>5,260,621</u>
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

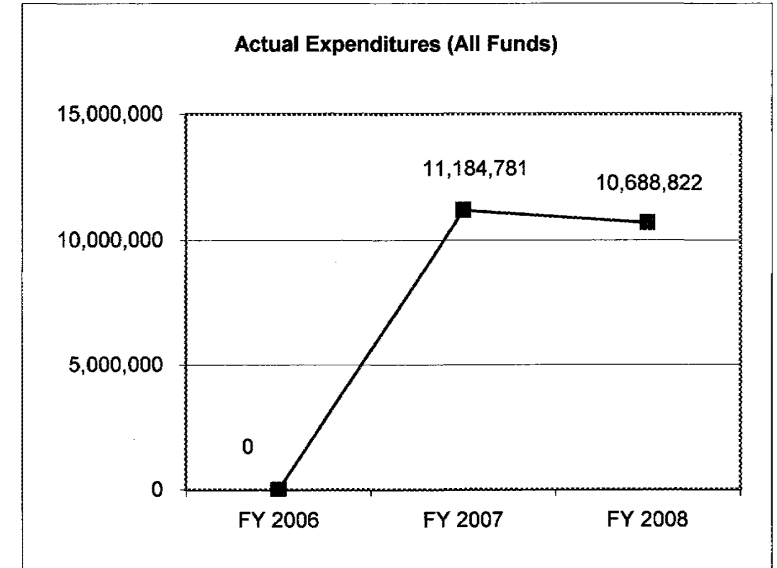
This core request is for on-going funding for payments for services provided through the PACE program. This program is designed to help a MO HealthNet participant remain in their home instead of seeking institutional care.

3. PROGRAM LISTING (list programs included in this core funding)

Programs for All-Inclusive Care for the Elderly (PACE)

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	12,283,092	12,033,968	12,337,028
Less Reverted (All Funds)	0	(15,279)	(131,614)	N/A
Budget Authority (All Funds)	0	12,267,813	11,902,354	N/A
Actual Expenditures (All Funds)	0	11,184,781	10,688,822	N/A
Unexpended (All Funds)	0	1,083,032	1,213,532	N/A
Unexpended, by Fund:				
General Revenue	0	257,582	311,753	N/A
Federal	0	670,924	812,037	N/A
Other	0	154,526	89,742	N/A
	(1)	(2) (3)	(3)	(3)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Funding for the Home and Community-Based program was transferred to DHSS in FY 2006.

(2) The Home Health and PACE programs were transferred back to DSS/MHD in FY 2007. These programs are not managed by DHSS.

(3) The Home Health and PACE programs were funded through one appropriation in FY 2007, FY 2008 and FY 2009. They will be divided into separate budgeting units beginning in FY 2010.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

PACE

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS								
1x Expenditures	1484 4422	EE	0.00	(50,000)	0	0	(50,000)	FY 2009 one time funding for an actuarial study to expand PACE into the KC area.
1x Expenditures	1484 4423	EE	0.00	0	(50,000)	0	(50,000)	FY 2009 one time funding for an actuarial study to expand PACE into the KC area.
Core Reduction	1485 4422	PD	0.00	(43,929)	0	0	(43,929)	FMAP adjustment
Core Reallocation	1199 4423	EE	0.00	0	50,000	0	50,000	Transfer in PACE budget from Home Health.
Core Reallocation	1199 4422	EE	0.00	50,000	0	0	50,000	Transfer in PACE budget from Home Health.
Core Reallocation	1199 4422	PD	0.00	1,963,761	0	0	1,963,761	Transfer in PACE budget from Home Health.
Core Reallocation	1199 4423	PD	0.00	0	3,365,765	0	3,365,765	Transfer in PACE budget from Home Health.
NET DEPARTMENT CHANGES			0.00	1,919,832	3,365,765	0	5,285,597	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	0	0	0	
		PD	0.00	1,919,832	3,365,765	0	5,285,597	
		Total	0.00	1,919,832	3,365,765	0	5,285,597	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1485 4422	PD	0.00	(24,976)	0	0	(24,976)	FMAP adjustment
NET GOVERNOR CHANGES			0.00	(24,976)	0	0	(24,976)	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	0	0	0	
		PD	0.00	1,894,856	3,365,765	0	5,260,621	
		Total	0.00	1,894,856	3,365,765	0	5,260,621	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PACE								
CORE								
PROFESSIONAL SERVICES	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,285,597	0.00	5,260,621	0.00
TOTAL - PD	0	0.00	0	0.00	5,285,597	0.00	5,260,621	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,285,597	0.00	\$5,260,621	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,919,832	0.00	\$1,894,856	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,365,765	0.00	\$3,365,765	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Program of All Inclusive Care for the Elderly (PACE)

Program is found in the following core budget(s): PACE

1. What does this program do?

PROGRAM SYNOPSIS: Funds the Program of All Inclusive Care for the Elderly (PACE). This program helps MO HealthNet participants remain in their homes instead of seeking institutional care.

Program of All Inclusive Care for the Elderly (PACE) - The goal is to maximize each participant's potential and continued residence in the home and community by providing preventive primary care and supports to the individual while in their home and community. In other words, the PACE program helps the participant stay as independent as possible. The PACE organization is the individual's sole source provider guaranteeing access to services but not to a specific provider.

The PACE organization provides a full range of preventive, primary, acute, and long-term care services 24 hours per day, 7 days per week in an adult day health center setting. All medical services the individual requires while enrolled in the PACE program are the financial responsibility of the PACE provider.

PACE combines adult day settings, home care, interdisciplinary teams, transportation systems, and capitated payment systems so that providers can respond to the unique needs of each frail, elderly individual served.

The Missouri Department of Social Services, MO HealthNet Division, is the state administering agency for the PACE program.

To be eligible to enroll in the PACE program individuals must be at least 55 years old, live in the PACE service area, have been certified by the Missouri Department of Health and Senior Services to have met the nursing home level of care of 21 points or higher, and be recommended by the PACE staff for PACE program services as the best option for their care.

At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety.

Enrollment in the PACE program is always voluntary and participants have the option to disenroll and return to the fee-for-service system at any time. Eligibility to enroll in the PACE program is not restricted to an individual who is either a Medicare beneficiary or MO HealthNet participant. A potential PACE enrollee may but is not required to be entitled to Medicare Part A, enrolled under Medicare Part B, or eligible for MO HealthNet.

Attendance at the PACE center is determined by the interdisciplinary team and based on the needs and preferences of the participants. Some participants attend every day and some only 2-3 times per week. The PACE organization provides transportation to and from the PACE center each day the participant is scheduled to attend.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152 and 208.168; Federal Regulations: 42 CFR 460.

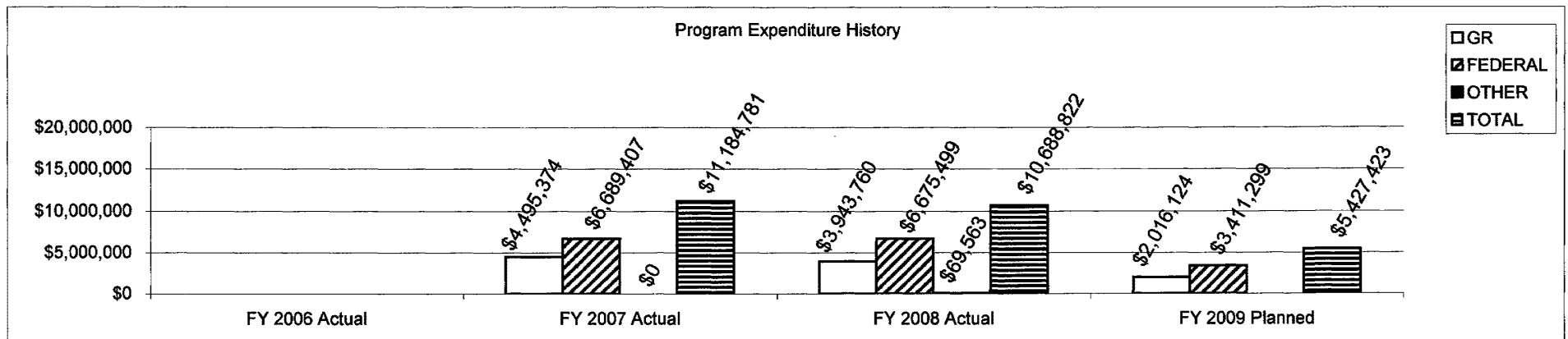
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 was a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

PACE is an optional program.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY06 Home Health and PACE funding was transferred to DHSS with other Home & Community Based Services. In FY07, they were transferred back to DSS. From FY07 through FY08 funding for the Home Health and PACE programs were in the same appropriation. FY09 Planned is only PACE. Home Health planned expenditures are shown in the Home Health program description.

6. What are the sources of the "Other" funds?

Health Initiative Fund (0275).

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

Users:

Users include dual participants, MO HealthNet participants and Medicare-only participants.

PACE Users		
SFY	Actual	Projected
2006	162	
2007	162	
2008	195	
2009		197
2010		225
2011		237

7d. Provide a customer satisfaction measure, if available.

**NEW DECISION ITEM
RANK: 16**

Department: Social Services
Division: MO HealthNet
DI Name: PACE Rebase

Budget Unit: 90568C
DI#: 1886007

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	361,095	634,205		995,300
TRF				
Total	<u>361,095</u>	<u>634,205</u>		<u>995,300</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	356,516	638,784		995,300
TRF				
Total	<u>356,516</u>	<u>638,784</u>		<u>995,300</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI Synopsis: Federal regulations require rebasing of rates for the PACE program every five years. This request funds a 16% increase in PACE rates from 2005.

The Program for All Inclusive Care for the Elderly (PACE) helps participants remain as independent as possible while continuing to reside in their homes and communities. PACE attempts to divert the need for nursing home care. Missouri's PACE program exists in St. Louis City and St. Louis county.

State authority: Section 208.152 and 208.168, RSMo. Federal authority: 42 CFR 460.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This request is for funding for an estimated 16% increase in PACE rates. The final increase for rebasing will be based on an actuary.

The increase is based on the average rate increase (16%) for nursing home room and board over the last five years in St. Louis City and St. Louis County. The difference between the current rate (established in 2005) and the estimated rebased rate was multiplied by the number of dual participants and MO HealthNet only participants and then annualized to arrive at an annual estimate.

	Current Rate	New Rate	Difference	Participants	Number of Months	Total Cost
Dual Participants	\$2,061.75	\$2,391.63	\$329.88	188	12	744,209
MHD Only Participants	\$3,534.48	\$4,100.00	\$565.52	37	12	251,091
Total						\$995,300

	Total	GR	Fed
Total	\$995,300	\$361,095	\$634,205

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Fed
Total	\$995,300	\$356,516	\$638,784

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	361,095		634,205				995,300		
Total PSD	361,095		634,205		0		995,300		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	361,095	0.0	634,205	0.0	0	0.0	995,300	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	356,516		638,784				995,300		
Total PSD	356,516		638,784		0		995,300		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	356,516	0.0	638,784	0.0	0	0.0	995,300	0.0	0

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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

PACE Users		
SFY	Actual	Projected
2006	162	
2007	162	
2008	195	
2009		197
2010		225
2011		237

Users include dual participants, MO HealthNet participants and Medicare-only participants.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PACE								
PACE Rebase - 1886007								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	995,300	0.00	995,300	0.00
TOTAL - PD	0	0.00	0	0.00	995,300	0.00	995,300	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$995,300	0.00	\$995,300	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$361,095	0.00	\$356,516	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$634,205	0.00	\$638,784	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
NF ELECTRONIC PILOT PROJECT									
CORE									
EXPENSE & EQUIPMENT									
NURSING FAC QUALITY OF CARE	0	0.00	450,000	0.00	0	0.00	0	0.00	
TOTAL - EE	0	0.00	450,000	0.00	0	0.00	0	0.00	
TOTAL	0	0.00	450,000	0.00	0	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$450,000	0.00	\$0	0.00	\$0	0.00	

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: NF Electronic Pilot Project

Budget Unit: 90566C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Nursing Facility Quality of Care Fund (NFQC) (0271)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total				
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Nursing Facility Quality of Care Fund (NFQC) (0271)

2. CORE DESCRIPTION

This core request is for the funding of an electronic pilot project in one or more skilled nursing facilities in Greene County to study the cost effectiveness of electronic health records in long-term care and the financial benefit to MO HealthNet. In FY10 funding is being core cut as project will be completed.

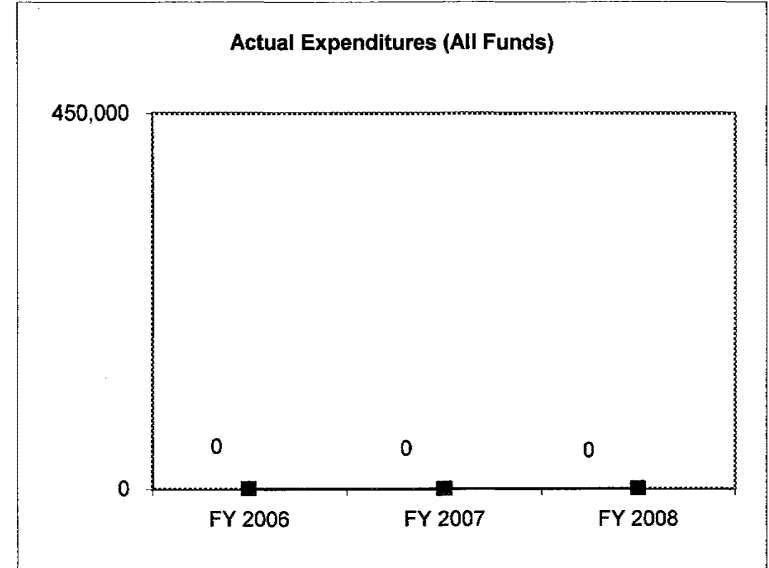
3. PROGRAM LISTING (list programs included in this core funding)

NF Electronic Pilot Project

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	0	450,000	450,000
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	450,000	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	450,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	450,000	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) New program in FY 2008.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NF ELECTRONIC PILOT PROJECT

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	0	0	450,000	450,000	
		Total	0.00	0	0	450,000	450,000	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1383 0166	EE	0.00	0	0	(450,000)	(450,000)	One-time funding
NET DEPARTMENT CHANGES			0.00	0	0	(450,000)	(450,000)	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	0	0	0	
		Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	0	0	0	
		Total	0.00	0	0	0	0	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NF ELECTRONIC PILOT PROJECT								
CORE								
PROFESSIONAL SERVICES	0	0.00	450,000	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	450,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$450,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$450,000	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Nursing Facility Electronic Pilot Project

Program is found in the following core budget(s): Nursing Facility Electronic Pilot Project

1. What does this program do?

SYNOPSIS: The electronic pilot project will study the cost effectiveness of electronic health records in long term care.

This program funds an electronic pilot project in one or more skilled nursing facilities in Greene County to study the cost effectiveness of electronic health records in long term care and the financial benefit to MO HealthNet.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

HB 2011 Section 11.480.

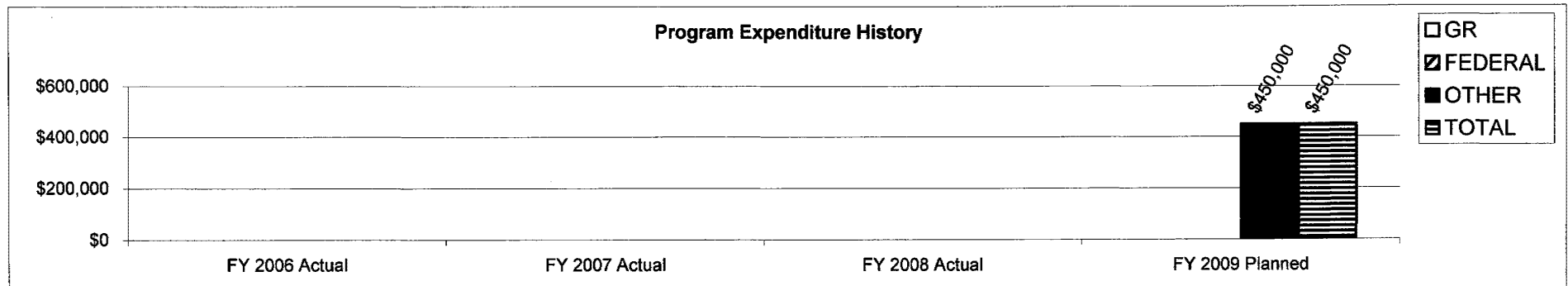
3. Are there federal matching requirements? If yes, please explain.

No.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Nursing Facility Quality of Care Fund (0271)

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
REHAB AND SPECIALTY SERVICES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	486,329	0.00	750,000	0.00	503,000	0.00	503,000	0.00	
TITLE XIX-FEDERAL AND OTHER	521,949	0.00	750,000	0.00	1,203,000	0.00	1,203,000	0.00	
TOTAL - EE	1,008,278	0.00	1,500,000	0.00	1,706,000	0.00	1,706,000	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	56,552,675	0.00	75,936,657	0.00	75,177,122	0.00	74,242,648	0.00	
TITLE XIX-FEDERAL AND OTHER	96,567,050	0.00	129,991,565	0.00	129,538,565	0.00	129,538,565	0.00	
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	194,881	0.00	
HEALTHY FAMILIES TRUST	831,745	0.00	831,745	0.00	831,745	0.00	831,745	0.00	
TOTAL - PD	154,146,351	0.00	206,954,848	0.00	205,742,313	0.00	204,807,839	0.00	
TOTAL	155,154,629	0.00	208,454,848	0.00	207,448,313	0.00	206,513,839	0.00	
PTD/QMB MHD Caseload Growth - 1886033									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,806,568	0.00	1,783,662	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,172,947	0.00	3,195,853	0.00	
TOTAL - PD	0	0.00	0	0.00	4,979,515	0.00	4,979,515	0.00	
TOTAL	0	0.00	0	0.00	4,979,515	0.00	4,979,515	0.00	
Hospice Rate Increase - 1886018									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	143,894	0.00	142,023	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	252,752	0.00	254,623	0.00	
TOTAL - PD	0	0.00	0	0.00	396,646	0.00	396,646	0.00	
TOTAL	0	0.00	0	0.00	396,646	0.00	396,646	0.00	
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,006,535	0.00	1,941,009	0.00	
TOTAL - PD	0	0.00	0	0.00	1,006,535	0.00	1,941,009	0.00	
TOTAL	0	0.00	0	0.00	1,006,535	0.00	1,941,009	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item		FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary		ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES									
Ambulance Rate Increase - 1886008									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	1,487,460	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	2,612,486	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	4,099,946	0.00	0	0.00
TOTAL		0	0.00	0	0.00	4,099,946	0.00	0	0.00
Audiology Rate Increase - 1886037									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	18,073	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	31,742	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	49,815	0.00	0	0.00
TOTAL		0	0.00	0	0.00	49,815	0.00	0	0.00
Durable Med Equipment Rate Inc - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	135,564	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	238,096	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	373,660	0.00	0	0.00
TOTAL		0	0.00	0	0.00	373,660	0.00	0	0.00
Optical Rate Increase - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	459,304	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	806,695	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	1,265,999	0.00	0	0.00
TOTAL		0	0.00	0	0.00	1,265,999	0.00	0	0.00
Therapies Rehab Ctr Rate Inc - 1886041									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	49,772	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit

Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	87,416	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	137,188	0.00	0	0.00
TOTAL	0	0.00	0	0.00	137,188	0.00	0	0.00
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	343,254	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	615,020	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	958,274	0.00
TOTAL	0	0.00	0	0.00	0	0.00	958,274	0.00
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	85,139	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	152,546	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	237,685	0.00
TOTAL	0	0.00	0	0.00	0	0.00	237,685	0.00
GRAND TOTAL	\$155,154,629	0.00	\$208,454,848	0.00	\$219,757,617	0.00	\$215,026,968	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	503,000	1,203,000		1,706,000
PSD	75,177,122	129,538,565	1,026,626	205,742,313
TRF				
Total	75,680,122	130,741,565	1,026,626	207,448,313

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Healthy Families Trust Fund (0625)
Health Initiatives Fund (HIF) (0275)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	503,000	1,203,000		1,706,000
PSD	74,242,648	129,538,565	1,026,626	204,807,839
TRF				
Total	74,745,648	130,741,565	1,026,626	206,513,839

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Healthy Families Trust Fund (0625)
Health Initiatives Fund (HIF) (0275)

2. CORE DESCRIPTION

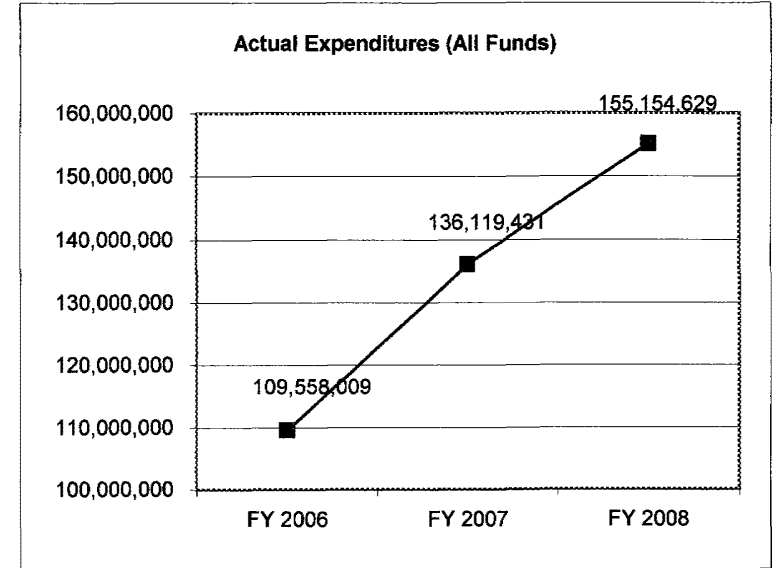
Funding provides Rehabilitation and Specialty services for the fee-for-service MO HealthNet population. In those regions of the state where MO HealthNet Managed Care has been implemented, participants have Rehab and Specialty services available through the MO HealthNet Managed Care health plans.

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	109,563,855	136,949,034	158,280,469	208,454,848
Less Reverted (All Funds)	(5,846)	(829,603)	0	N/A
Budget Authority (All Funds)	109,558,009	136,119,431	158,280,469	N/A
Actual Expenditures (All Funds)	109,558,009	136,119,431	155,154,629	N/A
Unexpended (All Funds)	0	0	3,125,840	N/A
Unexpended, by Fund:				
General Revenue	0	0	607,275	N/A
Federal	0	0	2,518,565	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) FY 2006 appropriation was reduced by \$13.4 million due to the elimination/reduction of services pursuant to SB 539. Expenditures were paid from other appropriations: \$22,835,407 paid from the Supplemental Pool; \$2,736,537 paid from Managed Care; and \$243,750 from Pharmacy.

(2) Expenditures of \$3,017,949 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

REHAB AND SPECIALTY SERVICES

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	750,000	750,000	0	1,500,000	
		PD	0.00	75,936,657	129,991,565	1,026,626	206,954,848	
		Total	0.00	76,686,657	130,741,565	1,026,626	208,454,848	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1486 8204	PD	0.00	(1,006,535)	0	0	(1,006,535)	FMAP adjustment
Core Reallocation	388 8204	EE	0.00	(247,000)	0	0	(247,000)	
Core Reallocation	388 8205	EE	0.00	0	453,000	0	453,000	
Core Reallocation	388 3054	PD	0.00	(2,153,835)	0	0	(2,153,835)	
Core Reallocation	388 8205	PD	0.00	0	3,022,634	0	3,022,634	
Core Reallocation	388 8204	PD	0.00	2,400,835	0	0	2,400,835	
Core Reallocation	388 3056	PD	0.00	0	(3,475,634)	0	(3,475,634)	
NET DEPARTMENT CHANGES			0.00	(1,006,535)	0	0	(1,006,535)	
DEPARTMENT CORE REQUEST								
		EE	0.00	503,000	1,203,000	0	1,706,000	
		PD	0.00	75,177,122	129,538,565	1,026,626	205,742,313	
		Total	0.00	75,680,122	130,741,565	1,026,626	207,448,313	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1486 8204	PD	0.00	(934,474)	0	0	(934,474)	FMAP adjustment
NET GOVERNOR CHANGES			0.00	(934,474)	0	0	(934,474)	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	503,000	1,203,000	0	1,706,000	

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CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**REHAB AND SPECIALTY SERVICES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	74,242,648	129,538,565	1,026,626	204,807,839	
	Total	0.00	74,745,648	130,741,565	1,026,626	206,513,839	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
CORE								
PROFESSIONAL SERVICES	1,008,278	0.00	1,500,000	0.00	1,706,000	0.00	1,706,000	0.00
TOTAL - EE	1,008,278	0.00	1,500,000	0.00	1,706,000	0.00	1,706,000	0.00
PROGRAM DISTRIBUTIONS	154,146,351	0.00	206,954,848	0.00	205,742,313	0.00	204,807,839	0.00
TOTAL - PD	154,146,351	0.00	206,954,848	0.00	205,742,313	0.00	204,807,839	0.00
GRAND TOTAL	\$155,154,629	0.00	\$208,454,848	0.00	\$207,448,313	0.00	\$206,513,839	0.00
GENERAL REVENUE	\$57,039,004	0.00	\$76,686,657	0.00	\$75,680,122	0.00	\$74,745,648	0.00
FEDERAL FUNDS	\$97,088,999	0.00	\$130,741,565	0.00	\$130,741,565	0.00	\$130,741,565	0.00
OTHER FUNDS	\$1,026,626	0.00	\$1,026,626	0.00	\$1,026,626	0.00	\$1,026,626	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for audiology, optometric, durable medical equipment, ambulance, rehabilitation services, hospice, comprehensive day rehabilitation, disease management and diabetes self-management training for MO HealthNet participants. Unless otherwise noted, the rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, blind persons, or nursing facility residents.

Audiology/Hearing Aid - This program is intended only to provide hearing aids and related covered services. Persons eligible for reimbursement of MO HealthNet Hearing Aid Program services include eligible needy children or persons receiving MO HealthNet benefits under a category of assistance for pregnant women, the blind or nursing facility residents. Covered services include: audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs. All hearing aids and related services must have prior approval except audiometric testing, post-fitting evaluation, post-fitting adjustment, and repairs to hearing aids no longer under warranty. An audiologist consultant gives prior authorization for the claims.

A participant is entitled to one new hearing aid and related services every four years. However, services for children under the EPSDT/HCY program are determined to be whatever is medically necessary. The EPSDT claims are reviewed by the consultant only if rejected by the computer system. Cost sharing, a charge for a small portion of the cost of services, applies to individuals age 18 and over with a few exceptions (foster care children and institutional residents).

Optical - The MO HealthNet Optometry program covers the following types of providers and services: (1) Optometrists, physicians (who can only bill for eyeglasses if they are enrolled as an optician), optometric clinics - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services; and (2) Opticians - eyeglasses and artificial eyes. Prior authorization is needed for tints and some special tests. Participants who are under the age of 21, pregnant, blind, or in a nursing facility are allowed an eye exam every twelve months unless there is a diopter change of .50. All other MO HealthNet participants over the age of 21 are allowed an eye exam every two years. MO HealthNet eligible participants are allowed one pair of eye glasses every two years. Cost sharing, a charge for a small portion of the cost of the service, applies to individuals age 18 and over with a few exceptions (foster care children and institutional residents). An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria and prices claims for special lenses and frames.

Durable Medical Equipment (DME) - MO HealthNet reimburses qualified participating DME providers for certain items of durable medical equipment such as: prosthetics, diabetic supplies and equipment, oxygen and respiratory care equipment, ostomy supplies, wheelchairs, wheelchair accessories, labor and repair codes. These items must be for use in the participant's home when ordered in writing by the participant's physician or nurse practitioner and are covered for all MO HealthNet participants. SB 539 limited services to children, pregnant women, blind and nursing home residents. Beginning March 2, 2007 adults are eligible for DME services if medically necessary.

The following items are covered for MO HealthNet participants: apnea monitors, artificial larynx and related items, augmentative communications devices, canes, crutches, commodes, bed pans, urinals, CPAP devices, decubitus care equipment, hospital beds, side rails, humidifiers, BiPAP machines, IPPB machines, nebulizers, orthotics, patient lifts and trapeze, scooters, suction pumps, total parenteral nutrition mix, supplies and equipment, and walkers.

Although an item is classified as DME, it may not be covered in every instance. Coverage is based on the fact that the item is reasonable and necessary for treatment of an illness or injury, or to improve the functioning of a malformed or permanently inoperative body part, the equipment meets the definition of durable medical equipment or prosthesis, and the equipment is used in the participant's home.

Even though a DME item may serve some useful medical purpose, consideration must be given by the physician and the DME supplier to what extent, if any, it is reasonable for MO HealthNet to pay for the item as opposed to another realistically feasible alternative pattern of care. Consideration should also be given by the physician and the DME provider as to whether the item serves essentially the same purpose as equipment already available to the participant. If two different items each meet the need of the participant, the less expensive item must be employed, all other conditions being equal. Equipment features of an aesthetic or medical nature which are not medically necessary are not reimbursable.

Ambulance - Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Reimbursement is provided for the base charge (the lesser of the MO HealthNet maximum allowed amount or billed charge) for patient pick-up and transportation to destination (mileage for transporting a patient beyond the five miles is not included in the base charge), mileage, and ancillary services related to emergency situations. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) if medically necessary. All MO HealthNet participants are eligible for ambulance services.

Rehabilitation Center - The rehabilitation center program pays for adaptive training of MO HealthNet participants who have prosthetic/orthotic devices. Covered services include: comprehensive evaluation, stump conditioning, prosthetic training, and orthotic training, speech therapy for artificial larynx and occupational therapy related to the prosthetic/orthotic adaption. These procedures are covered by MO HealthNet even when the prosthetic/orthotic service was not provided through the MO HealthNet program.

Coverage of augmentative communication devices and training are covered and include the cost of the device, accessories, evaluation, and training. Training is also covered for the following prosthetic devices: artificial arms, artificial legs, artificial larynx, and orthotics.

Hospice - The hospice benefit is designed to meet the needs of patients with a life-limiting illness and to help their families cope with the problems and feelings related to this difficult time. Reimbursement is limited to qualified MO HealthNet enrolled hospice providers rendering services to terminally ill patients who have elected hospice benefits. After the participant elects hospice services, the hospice provides for all care, supplies, equipment, and medicines related to the terminal illness. MO HealthNet reimburses the hospice provider who then reimburses the provider of the services if the services are not provided by the hospice provider.

MO HealthNet reimburses for routine home care, continuous home care, general inpatient, inpatient respite, and nursing home room and board, if necessary. Hospice rates are authorized by Section 1814 (I)(1)(C)(ii) of the Social Security Act and provide for an annual increase in the payment rates for hospice care services. The MO HealthNet rates are calculated based on the annual hospice rates established by Medicare. In addition, the Social Security Act also provides for an annual increase in the hospice cap amounts. Nursing Home room and board is reimbursed to the hospice provider at 95% of the nursing home rate on file. The hospice is responsible for paying the nursing home. All MO HealthNet participants are eligible for hospice services.

Comprehensive Day Rehabilitation - This program covers services for certain persons with disabling impairments as the result of a traumatic head injury. It provides intensive, comprehensive services designed to prevent and/or minimize chronic disabilities while restoring the individual to an optimal level of physical, cognitive, and behavioral function within the context of the person, family, and community.

The program emphasizes functional living skills, adaptive strategies for cognitive, memory or perceptual deficits, and appropriate interpersonal skills. These services help to train individuals so that the person can leave the rehabilitation center and re-enter society. Services are designed to maintain and improve the participant's ability to function as independently as possible in the community. Services for this program must be provided in a free-standing rehabilitation center or in an acute hospital setting with space dedicated to head injury rehabilitation. Eligibility for this program is limited to individuals who are under the age of 21, pregnant women, blind persons or nursing home residents. These individuals must receive prior authorization from the MO HealthNet Division. Reimbursement is made for either a full day or a half day of services.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

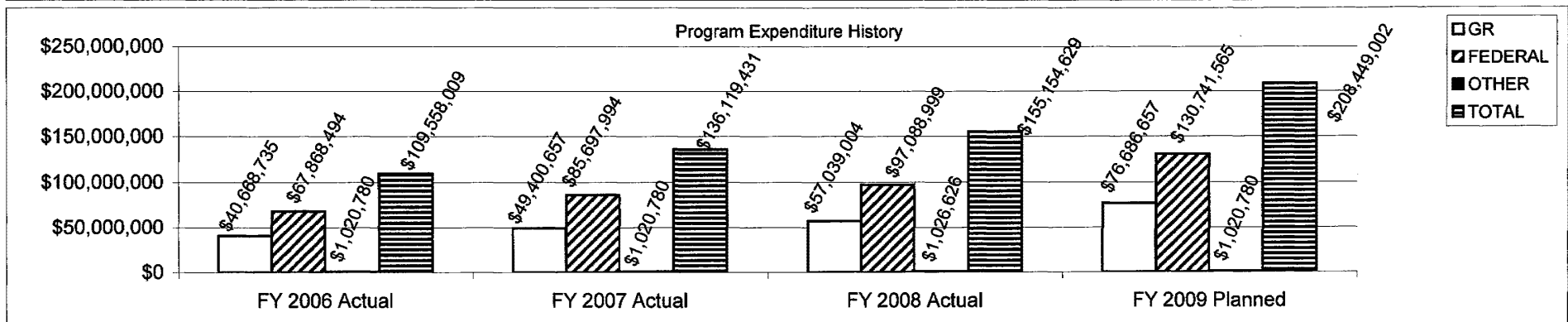
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 was a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Health Initiatives Fund (0275) and Healthy Families Trust Fund (0625).

7a. Provide an effectiveness measure.

Average Monthly Number of Users of Ambulance Services		
SFY	Actual	Projected
2006	8,028	
2007	8,335	
2008	8,320	
2009		8,337
2010		8,355
2011		8,373

MHD provides necessary emergency ambulance services to MO HealthNet participants.

7b. Provide an efficiency measure.

**Rehab and Specialty Utilization and Cost per User		
SFY	Monthly Users	Cost per User
2006	45,849	\$222.25
2007	45,547	\$235.87
2008	49,406	\$245.29
2009*	49,455	\$250.20
2010*	49,504	\$255.20
2011*	49,554	\$260.30

*Projected

**Excludes non-emergency medical transportation

7c. Provide the number of clients/individuals served, if applicable.**Participants:**

Rehab and specialty services are available to certain MO HealthNet participants who are under the age of 21, pregnant, blind or reside in a nursing home. In those regions of the state where MO HealthNet Managed Care has been implemented participants have rehab and specialty services available through the MO HealthNet Managed Care health plans.

Average Monthly Users of Rehab and Specialty Services		
SFY	Actual	Projected
2006	45,849	8,526
2007	45,547	45,391
2008	49,406	45,641
2009		49,455
2010		49,504
2011		49,554

Average Monthly DME Users		
SFY	Actual	Projected
2006	24,617	2,139
2007	23,410	23,031
2008	26,976	23,031
2009		27,003
2010		27,030
2011		27,057

Average Monthly Hospice Users		
SFY	Actual	Projected
2006	1,295	1,305
2007	1,518	1,305
2008	1,795	1,305
2009		1,992
2010		2,211
2011		2,454

7d. Provide a customer satisfaction measure, if available.

NEW DECISION ITEM
RANK: 14

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C

DI#: 1886018

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	143,894	252,752		396,646
TRF				
Total	143,894	252,752		396,646

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	142,023	254,623		396,646
TRF				
Total	142,023	254,623		396,646

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

☒ New Legislation
☒ Federal Mandate
☐ GR Pick-Up
☐ Pay Plan

☐ New Program
☐ Program Expansion
☐ Space Request
☒ Other: Inflation

☐ Fund Switch
☐ Cost to Continue
☐ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to apply the annual hospice rate increase as established by Medicare.

The MO HealthNet hospice rates are calculated based on the annual hospice rates established under Medicare, Section 1814(j)(1)(ii). The Act provides for an annual increase in payment rates for hospice care services.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

A 3.31% increase is requested. This is the actual increase for FY 09. The rate of growth based on prior years was applied to actual FY 08 units to arrive at the FY 10 projected units of service. The projected units of services was multiplied by the projected increase in rates to arrive at the total need.

Hospice rates are adjusted in October which is the beginning of the federal fiscal year and is three months into the state's fiscal year. This request includes the three months of FFY 09 that fall within SFY 10 - estimated impact of \$94,949. The twelve-months estimated increase for the FY 10 rate adjustment is \$402,263. This total is then multiplied by 9/12 to arrive at the SFY 10 impact of \$301,697. The total request for SFY 10 is \$396,646 (3 months totaling \$94,949 plus 9 months totaling \$301,697).

	Total	GR	Federal
July 2009 through Sept. 2009 Inc	94,949	34,951	59,998
Oct. 2009 through June 2010 Inc	301,697	108,943	192,754
Total	\$396,646	\$143,894	\$252,752

FMAP 63.19% Quarter 1 (July through September)
FMAP 63.89% Quarters 2-4 (October through June)

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Federal
July 2009 through Sept. 2009 Inc	94,949	34,951	59,998
Oct. 2009 through June 2010 Inc	301,697	107,072	194,625
Total	\$396,646	\$142,023	\$254,623

FMAP 63.19% Quarter 1 (July through September)
FMAP 64.51% Quarters 2-4 (October through June)

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	143,894		252,752		0		396,646		
Total PSD	143,894		252,752		0		396,646		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	143,894	0.0	252,752	0.0	0	0.0	396,646	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	142,023		254,623				396,646		
Total PSD	142,023		254,623		0		396,646		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	142,023	0.0	254,623	0.0	0	0.0	396,646	0.0	0

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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Hospice Units of Service						
	FFY 06	FFY 07	FFY 08	FFY 09*	FFY 10*	FFY 11*
Routine Home Care	69,746	73,880	70,484	82,902	87,818	90,453
Continuous Home Care	1,639	1,520	1,690	2,015	2,320	2,390
Inpatient Respite	60	96	153	99	64	66
General Inpatient Care	313	574	691	944	1,211	1,247
NF Room and Board	495,841	567,233	754,806	742,359	849,259	874,737

*Projected

Average Monthly Hospice Users		
SFY	Actual	Projected
2006	1,295	1,305
2007	1,518	1,305
2008	1,795	1,305
2009		1,992
2010		2,211
2011		2,454

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	396,646	0.00	396,646	0.00
TOTAL - PD	0	0.00	0	0.00	396,646	0.00	396,646	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$396,646	0.00	\$396,646	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$143,894	0.00	\$142,023	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$252,752	0.00	\$254,623	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
NON-EMERGENCY TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	11,267,057	0.00	12,671,608	0.00	12,425,026	0.00	10,449,006	0.00	
TITLE XIX-FEDERAL AND OTHER	23,773,503	0.00	28,036,082	0.00	28,036,082	0.00	24,936,263	0.00	
TOTAL - PD	35,040,560	0.00	40,707,690	0.00	40,461,108	0.00	35,385,269	0.00	
TOTAL	35,040,560	0.00	40,707,690	0.00	40,461,108	0.00	35,385,269	0.00	
NEMT rate increase - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	963,209	0.00	950,997	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,691,723	0.00	1,703,935	0.00	
TOTAL - PD	0	0.00	0	0.00	2,654,932	0.00	2,654,932	0.00	
TOTAL	0	0.00	0	0.00	2,654,932	0.00	2,654,932	0.00	
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	246,582	0.00	404,121	0.00	
TOTAL - PD	0	0.00	0	0.00	246,582	0.00	404,121	0.00	
TOTAL	0	0.00	0	0.00	246,582	0.00	404,121	0.00	
Coverage Expansion MAF - 1886053									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	55,663	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	99,733	0.00	
TOTAL - PD	0	0.00	0	0.00	0	0.00	155,396	0.00	
TOTAL	0	0.00	0	0.00	0	0.00	155,396	0.00	
Coverage Expansion -Children - 1886054									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	17,438	0.00	

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	31,244	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	48,682	0.00
TOTAL	0	0.00	0	0.00	0	0.00	48,682	0.00
GRAND TOTAL	\$35,040,560	0.00	\$40,707,690	0.00	\$43,362,622	0.00	\$38,648,400	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	12,425,026	28,036,082		40,461,108
TRF				
Total	12,425,026	28,036,082		40,461,108

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	10,449,006	24,936,263		35,385,269
TRF				
Total	10,449,006	24,936,263		35,385,269

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation.

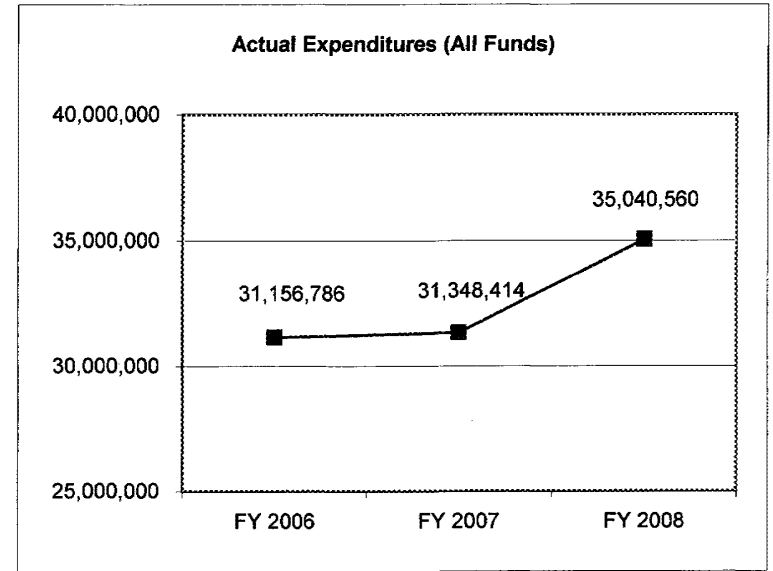
3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	32,643,668	35,512,557	38,260,439	40,707,690
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	32,643,668	35,512,557	38,260,439	N/A
Actual Expenditures (All Funds)	31,156,786	31,348,414	35,040,560	N/A
Unexpended (All Funds)	1,486,882	4,164,143	3,219,879	N/A
Unexpended, by Fund:				
General Revenue	0	729,911	747,111	N/A
Federal	1,486,882	3,434,232	2,472,768	N/A
Other	0	0	0	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Lapse of \$1.5 million in Federal. Funded as a program match (60/40) but received administrative match (50/50) the first four months then received program match for the remainder of the year. Expenditures of \$5,560,655 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

NON-EMERGENCY TRANSPORT

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		PD	0.00	12,671,608	28,036,082	0	40,707,690	
		Total	0.00	12,671,608	28,036,082	0	40,707,690	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1226 5928	PD	0.00	(246,582)	0	0	(246,582)	FMAP adjustment
NET DEPARTMENT CHANGES			0.00	(246,582)	0	0	(246,582)	
DEPARTMENT CORE REQUEST								
		PD	0.00	12,425,026	28,036,082	0	40,461,108	
		Total	0.00	12,425,026	28,036,082	0	40,461,108	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1226 5928	PD	0.00	(157,539)	0	0	(157,539)	FMAP adjustment
Core Reduction	2503 5929	PD	0.00	0	(3,099,819)	0	(3,099,819)	
Core Reduction	2503 5928	PD	0.00	(1,818,481)	0	0	(1,818,481)	
NET GOVERNOR CHANGES			0.00	(1,976,020)	(3,099,819)	0	(5,075,839)	
GOVERNOR'S RECOMMENDED CORE								
		PD	0.00	10,449,006	24,936,263	0	35,385,269	
		Total	0.00	10,449,006	24,936,263	0	35,385,269	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	35,040,560	0.00	40,707,690	0.00	40,461,108	0.00	35,385,269	0.00
TOTAL - PD	35,040,560	0.00	40,707,690	0.00	40,461,108	0.00	35,385,269	0.00
GRAND TOTAL	\$35,040,560	0.00	\$40,707,690	0.00	\$40,461,108	0.00	\$35,385,269	0.00
GENERAL REVENUE	\$11,267,057	0.00	\$12,671,608	0.00	\$12,425,026	0.00	\$10,449,006	0.00
FEDERAL FUNDS	\$23,773,503	0.00	\$28,036,082	0.00	\$28,036,082	0.00	\$24,936,263	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): Non-Emergency Medical Transportation (NEMT)

1. What does this program do?

PROGRAM SYNOPSIS: Provides payments for non-emergency medical transportation (NEMT) for MO HealthNet participants who do not have access to free transportation to scheduled MO HealthNet covered services.

The purpose of the NEMT program is to ensure non-emergency medical transportation to MO HealthNet participants who do not have access to free appropriate transportation (can use free community resources or other free programs) to scheduled MO HealthNet covered services. The participant is to be provided with the most appropriate mode of transportation. As of November 2005, the service is provided as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant based on which of the four regions of the state in which the participant resides.

Missouri's program utilizes and builds on the existing transportation networks in the state. Managed Care providers are required to include NEMT in their benefit package.

Where appropriate and possible, the MO HealthNet Division enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made by public entities on a per trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MO HealthNet Division works with the following state agencies to provide federal matching funds for general revenue used for NEMT services: the Children's Division for children in state care and custody, DHSS Division of Senior Services, the Area Agencies on Aging (AAA), the Department of Mental Health, and school districts.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, Federal regulation: 42 CFR 431.53 and 440.170

3. Are there federal matching requirements? If yes, please explain.

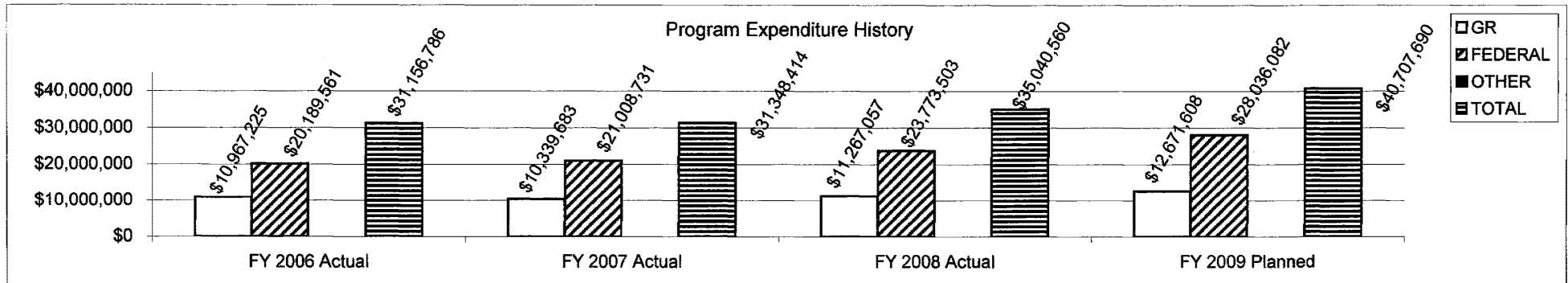
NEMT services receive a federal medical assistance percentage (FMAP) on program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

Services provided through public entities use state and local general revenue to transport MO HealthNet participants. MO HealthNet provides payment of the federal share for these services. These expenditures earn a 50% federal match.

4. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

N/A.

7a. Provide an effectiveness measure.

Average Number of Trips (per month)		
Provider	SFY	Trips
*MTM	2006	60,842
*LogistiCare	2006	85,852
LogistiCare	2007	70,745
LogistiCare	2008	75,024
LogistiCare	2009	76,524
LogistiCare	2010	78,055
LogistiCare	2011	79,616

*Logisticare became the contractor in SFY 2006.

Providing non-emergency medical transportation for MO HealthNet covered services to MO HealthNet participants increases access to health care.

7b. Provide an efficiency measure.

Provider	NEMT Payments			
	SFY05	SFY06	SFY07	SFY08
Private Contractor-MTM	\$36,277,873	\$17,088,584	\$0	\$0
Private Contractor-LogistiCare	\$0	\$15,087,581	\$26,985,709	\$29,834,820
Public Entities (federal only)	\$4,103,875	\$4,542,243	\$4,362,701	\$ 5,205,740
TOTAL	\$40,381,748	\$36,718,408	\$31,348,410	\$35,040,560

7c. Provide the number of clients/individuals served, if applicable.

Non-emergency medical transportation is available to MO HealthNet participants who are eligible under a federal aid category. Those participating under a state only funded category or under a Title XXI expansion category are not eligible for NEMT services. NEMT is included in MO HealthNet Managed Care health benefits. Prior to November, 2005 payments were made only for services that were provided. Since then capitated payments are made for all participants. The number of participants reported in FY 2006 is an average monthly number of people for whom capitated payments were made.

SFY	Average Monthly NEMT Participants	
	Actual	Projected
2006	419,558	
2007	440,695	
2008	459,347	462,419
2009		466,340
2010		477,112
2011		488,134

There were 280,378 NEMT public entity trips taken in FY 2008.

7d. Provide a customer satisfaction measure, if available.

	NEMT Complaint to Trip Ratio (Logisticare Trips)				
	Actual		Projection		
	*SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Trips	848,945	900,287	918,293	936,659	955,392
Complaints	6,804	7,693	7,847	8,004	8,164
% Complaints	<1%	<1%	<1%	<1%	<1%

*MHD began collecting these data in August, 2006 therefore the SFY 2007 figures are based on 11 months and SFY 2006 data are not available.

**NEW DECISION ITEM
RANK: 15**

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Rate Increase

Budget Unit: 90561C
DI#: 1886009

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	963,209	1,691,723		2,654,932
TRF				
Total	<u>963,209</u>	<u>1,691,723</u>		<u>2,654,932</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	950,997	1,703,935		2,654,932
TRF				
Total	<u>950,997</u>	<u>1,703,935</u>		<u>2,654,932</u>
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

☒ New Legislation
☒ Federal Mandate
☐ GR Pick-Up
☐ Pay Plan

☐ New Program
☐ Program Expansion
☐ Space Request
☒ Other: Inflation

☐ Fund Switch
☐ Cost to Continue
☐ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding to apply an inflationary adjustment to the capitated rates for non-emergency transportation provided through a contractor.

This funding is needed to apply an inflation cost and utilization increase (9.5%) for services provided through a contractor as required by CMS in developing actuarially sound rates. State statutory authority for this program is RSMo. 208.152 and federal regulatory authority is 42 CFR 431.53 and 440.170.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

A statewide average increase (9.5%) for NEMT services provided through a contractor was developed by the MO HealthNet Division's actuary and is in accordance with actuarially sound standards set by the CMS. About half of the increase can be attributed to recent gasoline price increases with the remaining attributable to normal utilization and cost increases. This increase was applied to the projected number of participants to arrive at the total increase of \$2,654,932 for this portion of the program. Costs for NEMT services provided to Department of Mental Health (DMH) clients is included in the DMH request.

	Actual Rate FY09	Est Rate FY10	Increase	Projected Participants FY10	Total
ABD Region1	\$8.92	\$9.77	\$0.85	642,149	545,827
ABD Region 2	\$8.09	\$8.86	\$0.77	362,398	279,046
ABD Region 3	\$11.51	\$12.60	\$1.09	1,469,298	1,601,535
MAFCP All Regions	\$0.76	\$0.83	\$0.07	3,264,626	228,524
Total				5,738,471	\$2,654,932

	Total	GR	Federal
Total	\$2,654,932	\$963,209	\$1,691,723

Governor's Recommendation:

Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Federal
Total	\$2,654,932	\$950,997	\$1,703,935

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	963,209		1,691,723				2,654,932		
Total PSD	963,209		1,691,723		0		2,654,932		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	963,209	0.0	1,691,723	0.0	0	0.0	2,654,932	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	950,997		1,703,935				2,654,932		
Total PSD	950,997		1,703,935		0		2,654,932		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	950,997	0.0	1,703,935	0.0	0	0.0	2,654,932	0.0	0

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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

Average Number of Trips (per month)		
Provider	SFY	Trips
*MTM	2006	60,842
*LogistiCare	2006	85,852
LogistiCare	2007	70,745
LogistiCare	2008	75,024
LogistiCare	2009	76,524
LogistiCare	2010	78,055
LogistiCare	2011	79,616

Providing non-emergency medical transportation for MO HealthNet covered services to MO HealthNet participants increases access to health care.

*Logisticare became the contractor in SFY 2006.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly NEMT Participants		
SFY	Actual	Projected
*2006	419,558	
2007	440,695	
2008	459,347	462,419
2009		466,340
2010		477,112
2011		488,134

Non-emergency medical transportation is available to MO HealthNet participants who are eligible under a federal aid category. Those participating under a state only funded category or under a Title XXI expansion category are not eligible for NEMT services. NEMT is included in MO HealthNet Managed Care health benefits. Prior to November, 2005 payments were made only for services that were provided. Since then capitated payments are made for all participants. The number of participants reported in FY 2006 is an average monthly number of people for whom capitated payments were made.

There were 280,378 NEMT public entity trips taken in FY 2008.

6d. Provide a customer satisfaction measure, if available.

	NEMT Complaint to Trip Ratio				
	Actual		Projection		
	*SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Trips	848,945	900,287	918,293	936,659	955,392
Complaints	6,804	7,693	7,847	8,004	8,164
% Complaint	<1%	<1%	<1%	<1%	<1%

*MHD began collecting these data in August, 2006; therefore, the SFY 2007 figures are based on 11 months. SFY 2006 data is not available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
NEMT rate increase - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,654,932	0.00	2,654,932	0.00
TOTAL - PD	0	0.00	0	0.00	2,654,932	0.00	2,654,932	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,654,932	0.00	\$2,654,932	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$963,209	0.00	\$950,997	0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$1,691,723	0.00	\$1,703,935	0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	209,065,144	0.00	243,623,969	0.00	211,285,617	0.00	206,166,764	0.00
TITLE XIX-FEDERAL AND OTHER	586,392,934	0.00	701,690,242	0.00	630,579,911	0.00	630,579,911	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	95,065,009	0.00	109,065,009	0.00	93,533,441	0.00	93,533,441	0.00
MO HEALTHNET MANAGED CARE ORG	45,912,625	0.00	45,912,625	0.00	24,094,994	0.00	11,478,156	0.00
HEALTH INITIATIVES	9,055,080	0.00	8,055,080	0.00	8,055,080	0.00	8,055,080	0.00
HEALTHY FAMILIES TRUST	4,447,110	0.00	4,447,110	0.00	4,447,110	0.00	4,447,110	0.00
TOTAL - PD	949,937,902	0.00	1,112,794,035	0.00	971,996,153	0.00	954,260,462	0.00
TOTAL	949,937,902	0.00	1,112,794,035	0.00	971,996,153	0.00	954,260,462	0.00
Mgd Care Provider Tax Replacem - 1886019								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	21,817,631	0.00	21,817,631	0.00
TOTAL - PD	0	0.00	0	0.00	21,817,631	0.00	21,817,631	0.00
TOTAL	0	0.00	0	0.00	21,817,631	0.00	21,817,631	0.00
Managed Care Inflation - 1886014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	24,199,418	0.00	23,892,590	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	42,502,397	0.00	42,809,225	0.00
TOTAL - PD	0	0.00	0	0.00	66,701,815	0.00	66,701,815	0.00
TOTAL	0	0.00	0	0.00	66,701,815	0.00	66,701,815	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,382,117	0.00	12,500,970	0.00
TOTAL - PD	0	0.00	0	0.00	7,382,117	0.00	12,500,970	0.00
TOTAL	0	0.00	0	0.00	7,382,117	0.00	12,500,970	0.00
Ambulance Rate Increase - 1886008								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,019,588	0.00	0	0.00

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DECISION ITEM SUMMARY

Budget Unit

Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Ambulance Rate Increase - 1886008								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,790,742	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,810,330	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,810,330	0.00	0	0.00
Audiology Rate Increase - 1886037								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	23,293	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	40,911	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	64,204	0.00	0	0.00
TOTAL	0	0.00	0	0.00	64,204	0.00	0	0.00
Dental Rate Increase - 1886038								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,699,127	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	4,740,583	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	7,439,710	0.00	0	0.00
TOTAL	0	0.00	0	0.00	7,439,710	0.00	0	0.00
Durable Med Equipment Rate Inc - 1886039								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	167,247	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	293,743	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	460,990	0.00	0	0.00
TOTAL	0	0.00	0	0.00	460,990	0.00	0	0.00
Optical Rate Increase - 1886040								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	339,638	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Optical Rate Increase - 1886040								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	596,521	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	936,159	0.00	0	0.00
TOTAL	0	0.00	0	0.00	936,159	0.00	0	0.00
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	75,895	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	133,297	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	209,192	0.00	0	0.00
TOTAL	0	0.00	0	0.00	209,192	0.00	0	0.00
Physician-Related Svc Rate Inc - 1886042								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	5,921,512	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	10,400,186	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	16,321,698	0.00	0	0.00
TOTAL	0	0.00	0	0.00	16,321,698	0.00	0	0.00
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	2,993,409	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	53,415,328	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	0	0.00	26,818,636	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	83,227,373	0.00
TOTAL	0	0.00	0	0.00	0	0.00	83,227,373	0.00
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	5,246,742	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	9,400,780	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	14,647,522	0.00
TOTAL	0	0.00	0	0.00	0	0.00	14,647,522	0.00
GRAND TOTAL	\$949,937,902	0.00	\$1,112,794,035	0.00	\$1,096,139,999	0.00	\$1,153,155,773	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD	211,285,617	630,579,911	130,130,625	971,996,153	PSD	206,166,764	630,579,911	117,513,787	954,260,462
TRF					TRF				
Total	<u>211,285,617</u>	<u>630,579,911</u>	<u>130,130,625</u>	<u>971,996,153</u>	Total	<u>206,166,764</u>	<u>630,579,911</u>	<u>117,513,787</u>	<u>954,260,462</u>
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Medicaid Managed Care Organization Reimb Allow Fund (0160)
Health Initiatives Fund (HIF) (0275)
Federal Reimbursement Allowance Fund (FRA) (0142)
Healthy Families Trust Fund (0625)

Note: An "E" is requested for the \$24,094,994 Medicaid Managed Care Organization Reimbursement Allowance Fund

Other Funds: Medicaid Managed Care Organization Reimb Allow Fund (0160)
Health Initiatives Fund (HIF) (0275)
Federal Reimbursement Allowance Fund (FRA) (0142)
Healthy Families Trust Fund (0625)

Note: An "E" is requested for the \$11,478,156 Medicaid Managed Care Organization Reimbursement Allowance Fund

2. CORE DESCRIPTION

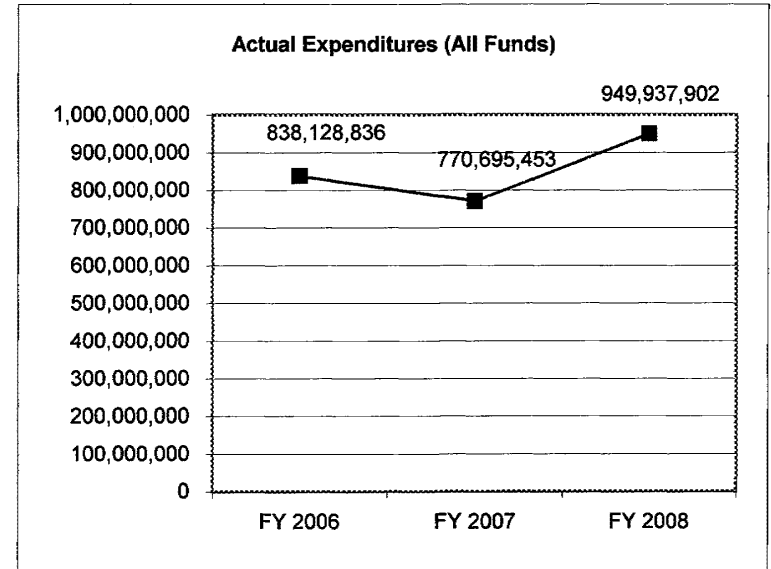
This core request is for the continued funding of the Managed Care program to provide health care services to the MO HealthNet managed care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	890,532,310	911,897,488	999,330,249	1,112,794,035
Less Reverted (All Funds)	(98,241)	(271,652)	0	N/A
Budget Authority (All Funds)	890,434,069	911,625,836	999,330,249	N/A
Actual Expenditures (All Funds)	838,128,836	770,695,453	949,937,902	N/A
Unexpended (All Funds)	52,305,233	140,930,383	49,392,347	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	42,958,126	94,185,318	35,392,347	N/A
Other	9,347,107	46,745,065	14,000,000	N/A
	(1)		(2)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Lapse of Other: \$98,241 in FRA; \$165,020 in HFT; and \$9.2 million in MC-FRA. FY 2006 is the first year of the managed care tax so there was only 11 months of collections. Therefore, there was not enough cash to support the MC-FRA funding authority.

(2) Agency reserve of \$10,000,000 in FRA.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES MANAGED CARE

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	243,623,969	701,690,242	167,479,824	1,112,794,035	
			Total	0.00	243,623,969	701,690,242	167,479,824	1,112,794,035	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1139 1783	PD		0.00	(7,382,117)	0	0	(7,382,117)	FMAP adjustment
Core Reduction	1487 0803	PD		0.00	0	0	(21,817,631)	(21,817,631)	Core cut Managed Care FRA (9 months) as the tax is unallowable under federal law effective FFY 2010. Corresponding GR NDI.
Core Reallocation	1488 0198	PD		0.00	0	0	(15,531,568)	(15,531,568)	Transfer FRA profit and federal match to Hospital Section.
Core Reallocation	1488 1784	PD		0.00	0	(27,278,708)	0	(27,278,708)	Transfer FRA profit and federal match to Hospital Section.
Core Reallocation	1490 1784	PD		0.00	0	(43,831,623)	0	(43,831,623)	Transfer to Pharmacy section for 9 months of Managed Care pharmacy carve out.
Core Reallocation	1490 1783	PD		0.00	(24,956,235)	0	0	(24,956,235)	Transfer to Pharmacy section for 9 months of Managed Care pharmacy carve out.
NET DEPARTMENT CHANGES				0.00	(32,338,352)	(71,110,331)	(37,349,199)	(140,797,882)	
DEPARTMENT CORE REQUEST									
		PD		0.00	211,285,617	630,579,911	130,130,625	971,996,153	
		Total		0.00	211,285,617	630,579,911	130,130,625	971,996,153	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1139 1783	PD		0.00	(5,118,853)	0	0	(5,118,853)	FMAP adjustment
Core Reduction	2520 0803	PD		0.00	0	0	(12,616,838)	(12,616,838)	
NET GOVERNOR CHANGES				0.00	(5,118,853)	0	(12,616,838)	(17,735,691)	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MANAGED CARE

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	206,166,764	630,579,911	117,513,787	954,260,462	
	Total	0.00	206,166,764	630,579,911	117,513,787	954,260,462	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
CORE								
PROGRAM DISTRIBUTIONS	949,937,902	0.00	1,112,794,035	0.00	971,996,153	0.00	954,260,462	0.00
TOTAL - PD	949,937,902	0.00	1,112,794,035	0.00	971,996,153	0.00	954,260,462	0.00
GRAND TOTAL	\$949,937,902	0.00	\$1,112,794,035	0.00	\$971,996,153	0.00	\$954,260,462	0.00
GENERAL REVENUE	\$209,065,144	0.00	\$243,623,969	0.00	\$211,285,617	0.00	\$206,166,764	0.00
FEDERAL FUNDS	\$586,392,934	0.00	\$701,690,242	0.00	\$630,579,911	0.00	\$630,579,911	0.00
OTHER FUNDS	\$154,479,824	0.00	\$167,479,824	0.00	\$130,130,625	0.00	\$117,513,787	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1. What does this program do?

PROGRAM SYNOPSIS: Provides funding for capitation payments to managed care plans on behalf of MO HealthNet participants enrolled in managed care.

The MO HealthNet Division operates an HMO-style managed care program, MO HealthNet Managed Care. MO HealthNet Managed Care health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee. Participation in MO HealthNet Managed Care is mandatory for certain MO HealthNet eligibility groups within the regions in operation. The mandatory groups are: MO HealthNet for Families-Adults and Children, MO HealthNet for Children, Refugees, MO HealthNet for Pregnant Women, Children in State Care and Custody, and State Children's Health Insurance Program (SCHIP). Those participants who receive Supplemental Security Income (SSI), meet the SSI medical disability definition, or get adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to receive services on a fee-for-service basis. The MO HealthNet Managed Care program has been operating in the Eastern Region since September 1, 1995, in the Central Region since March 1, 1996, and in the Western Region since January 1, 1997. Effective January 1, 2008 the state introduced the MO HealthNet Managed Care program in seventeen counties contiguous to the existing three MO HealthNet Managed Care regions.

The MO HealthNet Managed Care program is subject to an approved federal 1915(b) waiver and an approved SCHIP State Plan Amendment. These include a cost projection and a budget neutrality projection. An independent evaluation of the MO HealthNet Managed Care program is required with respect to access to care and quality of services that must be submitted to the Centers for Medicare and Medicaid Services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

Objectives of the MO HealthNet Managed Care program include cost effectiveness, quality of care, contract compliance, and member satisfaction.

Services: In MO HealthNet Managed Care most enrollees receive all the services that the fee-for-service program offers. Examples of services included in the capitation payment paid to health plans are: hospital, physician, pharmacy, emergency medical services, EPSDT services, family planning services, dental, optical, audiology, personal care, adult day health care and mental health services. Certain services are provided on a fee-for-service basis outside of the capitation payment such as transplants, and physical, occupational and speech therapy for children if included in an Individual Education Plan or Individualized Family Service Plan. Department of Health and Senior Services testing services (tests on newborns), certain mental health services, including ICF/MR, community psychiatric rehabilitation services, CSTAR services, and mental health services for children in state care and custody are also offered on a fee-for-service basis. Pharmacy services for MO HealthNet Managed Care enrollees in two of the MO HealthNet Managed Care health plans are provided on a fee-for-service basis outside of the capitation payment.

Improvements Over Fee-For-Service: MO HealthNet Managed Care gives MO HealthNet participants a number of advantages over traditional fee-for-service MO HealthNet. Each MO HealthNet Managed Care participant chooses a MO HealthNet Managed Care health plan and a primary care provider from within the network of the health plan. Managed Care participants are guaranteed access to primary care and other services, as needed.

MO HealthNet Managed Care health plans must ensure that routine exams are scheduled within thirty days, urgent care scheduled within twenty-four hours, and emergency services must be available at all times. MO HealthNet Managed Care health plans must ensure that children receive all EPSDT exams (complete physicals on a regular schedule), are fully immunized, and receive any medically necessary services. MO HealthNet Managed Care health plans are required to provide case management to ensure that enrollee services, especially children's and pregnant women's, are properly coordinated.

MO HealthNet Managed Care provides the means to control costs, but more importantly provides the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes.

Quality Assessment: The purpose of quality assessment is to assess the quality of services in the MO HealthNet Managed Care program. Quality assessment utilizes a variety of methods and tools to measure outcomes of services provided. The goal is to monitor health care services provided to MO HealthNet Managed Care members by the MO HealthNet Managed Care health plans, and comply with federal, state and contract requirements. The MO HealthNet Managed Care health plans must meet program standards for quality improvement, systems, member services, provider services, record keeping, organizational structure, adequacy of personnel, access standards, and data reporting as outlined in the MO HealthNet Managed Care contracts. Quality assessment measures are taken from HEDIS (Health Plan Employer and Data Information Set) and other internally developed measurements. HEDIS is a strong public/private effort that includes a standardized set of measures to assess and encourage the continual improvement in the quality of health care. Specifically, Medicaid HEDIS includes additional quality and access measures which respond more directly to needs of women and children who make up the majority of MO HealthNet Managed Care participants. HEDIS is intended to be used collaboratively by the state agency and the MO HealthNet Managed Care health plans to:

- ♦ Provide the state agency with information on the performance of the contracted MO HealthNet Managed Care health plans;
- ♦ Assist health plans in quality improvement efforts;
- ♦ Support emerging efforts to inform MO HealthNet clients about managed care plan performance;
- ♦ Promote standardization of health plan reporting across the public and private sectors.

An annual report is provided with significant outcomes measured including the following:

- ♦ Member complaints and grievances including actions taken and reasons for members changing MO HealthNet Managed Care health plans;
- ♦ Utilization review including inpatient/outpatient visits for both physical and mental health;
- ♦ Outcome indicators such as diabetes, asthma, low birth weight and mortality;
- ♦ EPSDT activities (children's health services) such as the number of well child visits provided;
- ♦ Prenatal activities and services provided.

Contract Compliance: Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance to contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division (MHD) has a relationship with the Missouri Department of Insurance, Financial Institutions and Professional Registration to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Member Satisfaction: Member satisfaction with the MO HealthNet Managed Care health plans is another method for measuring success of the MO HealthNet Managed Care program. An initial measurement is how many members actually choose their MO HealthNet Managed Care health plan versus the MHD assigning them to MO HealthNet Managed Care health plans. MO HealthNet Managed Care has a high voluntary choice percentage. Since the inception of the MO HealthNet Managed Care program, approximately 10% of enrollees are randomly assigned. Reporting has been developed to continuously monitor how many participants initially choose their MO HealthNet Managed Care health plans as well as which health plans are chosen. Other reporting monitors participants' transfer requests among MO HealthNet Managed Care health plans to identify health plans that have particular problems keeping their participants. The MHD also looks at the number of calls coming into our participant and provider hot lines to assess problem areas with health plans. MO HealthNet Managed Care health plans submit enrollee satisfaction data to the Department of Health and Senior Services in accordance with 19 CSR 10-5.010.

Managed Care Provider Tax: The 93rd Missouri General Assembly, 2005 passed legislation establishing a MO HealthNet managed care organization reimbursement allowance to be paid by all MO HealthNet managed care organizations for the privilege of engaging in the business of providing health benefit services in Missouri. The tax is based on MO HealthNet total revenues. The tax may be withheld from each managed care organization's capitation payment through an offset or the managed care organization may send a check or money order. The provider tax took effect on July 1, 2005 and will expire September 30, 2009.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166; Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932; Federal Regulations: 42 CFR 438 and 412.106.

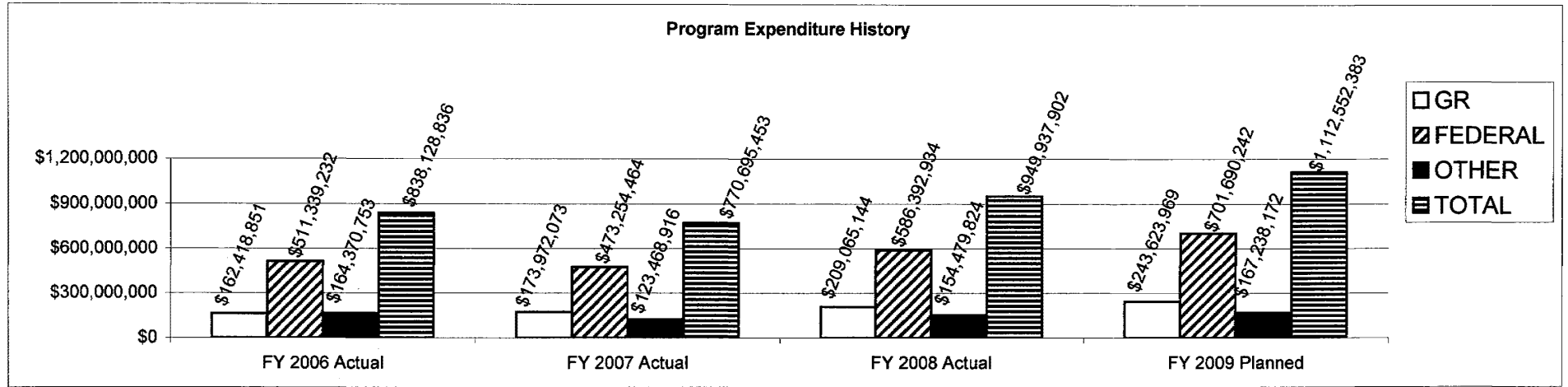
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



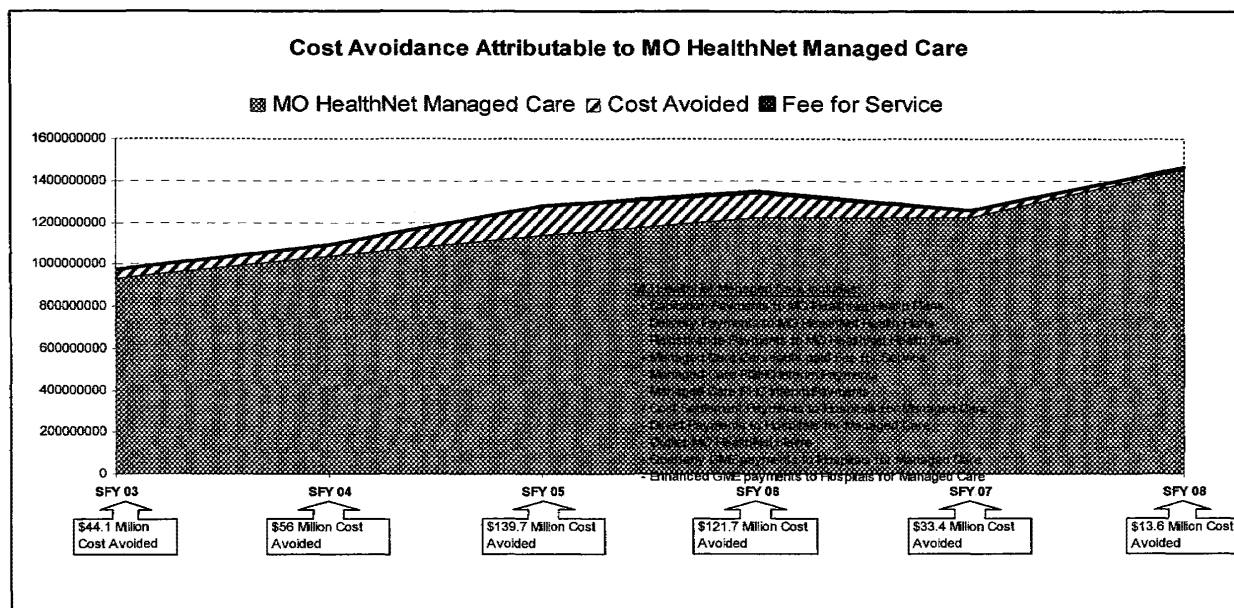
6. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Health Initiatives Fund (0275), Medicaid Managed Care Organization Reimbursement Allowance Fund (0160) and Healthy Families Trust (0625).

7a. Provide an effectiveness measure.

See Attachment A--"Since Managed Care Began"

7b. Provide an efficiency measure.



7c. Provide the number of clients/individuals served, if applicable.

Participants:

Participation in MO HealthNet Managed Care for those areas of the state where it is available is mandatory for these eligibility categories:

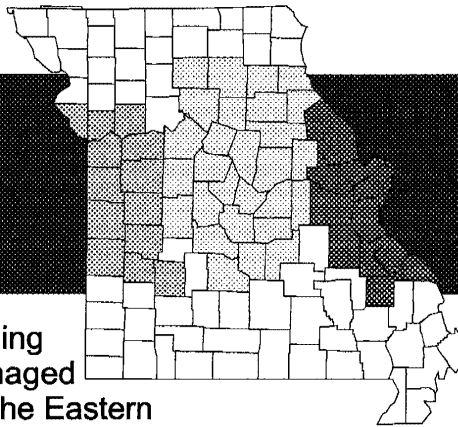
- MO HealthNet for Families
- MO HealthNet for Kids
- Refugees
- MO HealthNet for Pregnant Women
- Children in state care and custody
- SCHIP

Managed Care Participants (SCHIP Not Included)		
SFY	Actual	Projection
2006	339,918	382,633
2007	314,213	330,035
2008	328,914	323,171
2009		332,203
2010		335,525
2011		338,880

7d. Provide a customer satisfaction measure, if available.

See Attachment B--"2006 Consumer's Guide MC+ Managed Care in Missouri".

MO HealthNet Managed Care



- Western Region
- Central Region
- Eastern Region
- Fee for Service

In 1995 Missouri began providing MO HealthNet (Medicaid) managed health care. It was started in the Eastern Region and now stretches through a corridor encompassing counties in central and western Missouri. During the course of its 13-year existence, managed health care has bettered the lives of its young participants.

Since
MO HealthNet
Managed
Care Began . . .

**Babies
are
healthier**

**Children
are
healthier**

**Number
of uninsured
decreased**

Inadequate Prenatal Care	8.4%
First Trimester Prenatal Care	6.8%
Teen Mothers	4.5%
Repeat Teen Births	3.3%
Smoking During Pregnancy	1.6%
Short Intervals Between Pregnancies	0.1%
Fetal Deaths	9.5%

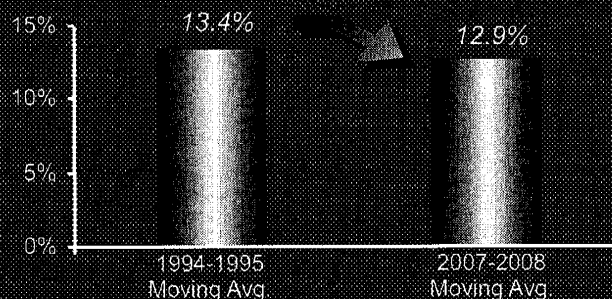
SOURCE: Department of Health & Senior Services*
Population: Managed Care

Asthma Hospital Admissions	35.6%
Preventable Hospitalizations	31.6%
Asthma ER Visits	28.4%
ER Visits	11.1%

SOURCE: Department of Health & Senior Services*
Population: Medicaid Managed Care

Uninsured Population in Missouri

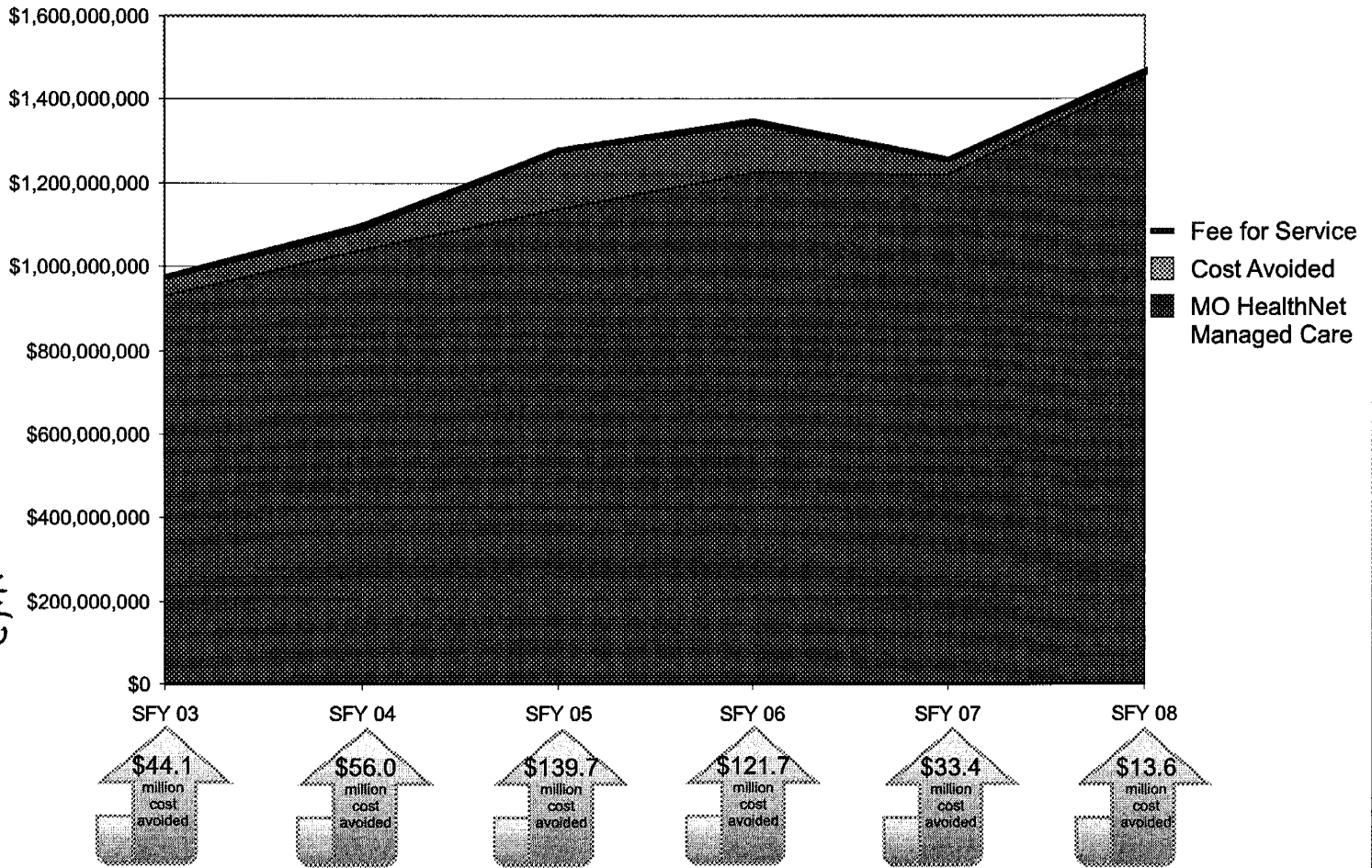
Missouri moves from 27th
to 22nd lowest in the country.



SOURCE: US Census Bureau
Population: All Missourians

Because health care for these participants was provided under managed care instead of fee for service, we estimate \$13.6 million in costs were avoided in 2008.

Cost Avoidance Attributable to MO HealthNet Managed Care



MO HealthNet Managed Care Includes:

- Capitation Payments to MO HealthNet Health Plans
- Delivery Payments to MO HealthNet Health Plans
- Reinsurance Payments to MO HealthNet Health Plans
- Managed Care Carveouts paid Fee for Service
- Managed Care FQHC Interim Payments
- Managed Care RHC Interim Payments
- Cost Settlement Payments to Hospitals for Managed Care
- Direct Payments to Hospitals for Managed Care
- Outlier MO HealthNet claims
- Quarterly GME payments to Hospitals for Managed Care
- Enhanced GME payments to Hospitals for Managed Care



2006 Consumer's Guide Commercial Managed Care

ATTACHMENT B



Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2006 Consumer's Guide helps you compare the quality of health care and member satisfaction among the commercial managed care plans in Missouri. Use this guide along with any coverage information your employer provides to help select the right plan for you or your family.

Follow these steps to assist you in choosing a health plan:

- ▲ Use the comparison indicators in this brochure only in combination. No one indicator is a sole direct measure of a health plan's performance.
- ▲ Talk to your doctor, family and friends about their experiences with different plans.
- ▲ Come up with your own questions and call your plan choices for answers using the phone numbers provided.
- ▲ Draw on all information to evaluate your managed care options. Make the choice that best suits your needs.

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What Do Managed Care Plans Look Like?

Plan Name	Statewide Market Share 2005	National Accreditation for 2005	Administrative Expense Rating†	Complaint Index Rating†
Aetna Health Inc	3.7%	NCQA/URAC	●	●
Blue-Advantage	6.2%	NCQA/URAC	●	●
Blue-Care Inc	9.2%	NCQA/URAC	●	●
BlueChoice	23.2%	NCQA	●	●
CIGNA HealthCare of St. Louis Inc	0.7%	NCQA	●	●
CIGNA of Kansas/Missouri	0.5%	NCQA	●	●
Community Health Plan	3.4%	none	●	●
Coventry Health Care of Kansas Inc	12.6%	URAC	●	○
Cox Health Plans Inc	1.1%	none	●	●
Group Health Plan	19.3%	URAC	●	○
HealthLink Inc	0.0%	URAC	●	●
Humana Health Plan Inc	3.7%	NCQA	●	●
Mercy Health Plans of Missouri Inc-St. L.	9.5%	none	●	○
UnitedHealthCare of the Midwest Inc	7.0%	JCAHO	●	○

†This is a company-wide measure

● High ● Average ○ Low

Data Source: Missouri Department of Insurance

This shows the percentage of the State's managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size, but also of the plan's ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

This measure, which indicates efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 10% are shown as high performance; those at 15% or more are rated as low performers.

The complaint index looks at the number of consumer complaints the Department of Insurance received in the past three years relative to the amount of business that a company wrote in Missouri and compares this to the industry average. Plans at less than 50% of industry average are shown as ● or good performers; more than 100% of industry average is considered ○ or needing improvement.

Commercial Managed Care Plan Performance

Plan

Women's Health

	Women's Cancer			Chlamydia Screening for Women Ages 16-25
	Mammograms	Case Management Breast (B) Cervical (C)	At-Risk Educational Materials Breast (B) Cervical (C)	
Aetna Health Inc	○	none	BC	●
Blue-Advantage	●	BC	BC	●
Blue-Care Inc	●	BC	BC	○
BlueChoice	●	BC	BC	●
CIGNA HealthCare of St. Louis Inc	●	BC	BC	●
CIGNA of Kansas/Missouri	○	BC	BC	●
Community Health Plan	●	BC	BC	●
Coventry Health Care of Kansas Inc	○	BC	BC	○
Cox Health Plans Inc	●	BC	BC	●
Group Health Plan	●	BC	B	●
HealthLink Inc	NA	BC	BC	NA
Humana Health Plan Inc	●	BC	BC	●
Mercy Health Plans of Missouri Inc-St. L.	●	none	none	●
Premier Health Plans-Springfield	●	BC	none	●
UnitedHealthcare of the Midwest*	●	BC	BC	○

Statewide Averages

71%

29%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Women's Health Care to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- ◐ – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Women (ages 52-69) in plan who had a mammogram in the past 2 years.

Women (ages 21-64) in plan who had one or more pap test within the past three years.

Plan offers case management for breast and/or cervical cancer. Note: Letter indicates the type of cancer for which services are offered.

Female plan members (ages 16-25) who are sexually active and had at least one test for chlamydia (an STD) during the past year.

Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Children's Health

	Childhood Immunization	Adolescent Immunizations	Immunization Reminder Letters	Asthma
Aetna Health Inc	●	●	yes	NA
Blue-Advantage	●	NR	yes	●
Blue-Care Inc	●	○	yes	●
BlueChoice	●	●	yes	●
CIGNA HealthCare of St. Louis Inc	●	●	yes	NA
CIGNA of Kansas/Missouri	●	○	yes	●
Community Health Plan	●	●	yes	NA
Coventry Health Care of Kansas Inc	●	○	yes	●
Cox Health Plans Inc	●	●	no	NA
Group Health Plan	●	●	yes	●
HealthLink Inc	NA	NA	no	NA
Humana Health Plan Inc	○	○	no	●
Mercy Health Plans of Missouri Inc-St. L	○	○	yes	●
Premier Health Plans-Springfield	●	●	yes	●
UnitedHealthcare of the Midwest*	●	●	yes	●
Statewide Averages	75%	36%		97%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Children's Health to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Children in plan who turned 2 in the past year and received required vaccinations.

Adolescents in plan who turned 13 in the past year and received required vaccinations.

Plan sends members reminder letters for immunizations.

Child members (ages 5-9) who have persistent asthma and are being given appropriate medications for long term control of asthma.

Commercial Managed Care Plan Performance

Plan

Aetna Health Inc
 Blue-Advantage
 Blue-Care Inc
 BlueChoice
 CIGNA HealthCare of St. Louis Inc
 CIGNA of Kansas/Missouri
 Community Health Plan
 Coventry Health Care of Kansas Inc
 Cox Health Plans Inc
 Group Health Plan
 HealthLink Inc
 Humana Health Plan Inc
 Mercy Health Plans of Missouri Inc-St. L.
 Premier Health Plans-Springfield
 UnitedHealthcare of the Midwest*

Cardiovascular			
Controlling High Blood Pressure	Stroke (S), Congestive Heart Failure (H), High Blood Pressure (B) Case Management	Cholesterol Management after Acute Cardiovascular Event Screening	Cholesterol Management after Acute Cardiovascular Event Control
●	SH	●	●
●	SH	○	○
●	SH	●	●
●	SHB	●	●
●	SH	●	●
●	SH	●	●
●	SHB	●	●
○	SHB	●	●
●	SHB	NA	NA
●	SH	●	●
NA	SHB	NA	NA
●	SHB	○	○
●	H	●	●
●	SHB	●	●
●	SHB	●	●
Statewide Averages			
66%		77%	63%

Statewide Averages

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Cardiovascular Health to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Plan members (ages 46-85) who were considered hypertensive during the first six months of the measurement year and who achieved blood pressure control.

Plan offers case management services for stroke, congestive heart failure and high blood pressure. Note: Letter indicates the conditions for which services are offered.

Plan members who received cholesterol management following an acute cardiovascular event, such as heart attack.

Plan members who received cholesterol management following an acute cardiovascular event, such as heart attack and whose LDL-C levels were <130mg/dL.

Screenings help to determine if a patient is at risk for a certain disease or health problem. Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Aetna Health Inc
 Blue-Advantage
 Blue-Care Inc
 BlueChoice
 CIGNA HealthCare of St. Louis Inc
 CIGNA of Kansas/Missouri
 Community Health Plan
 Coventry Health Care of Kansas Inc
 Cox Health Plans Inc
 Group Health Plan
 HealthLink Inc
 Humana Health Plan Inc
 Mercy Health Plans of Missouri Inc-St. L.
 Premier Health Plans-Springfield
 UnitedHealthcare of the Midwest*

Plan	Diabetes			Depression
	Diabetic	Diabetic	Diabetic	Antidepressant
	Retinal Eye Exam	Blood Testing	Kidney Screening	Medication Management
Aetna Health Inc	●	●	●	●
Blue-Advantage	●	●	●	●
Blue-Care Inc	●	●	●	●
BlueChoice	●	●	●	●
CIGNA HealthCare of St. Louis Inc	○	●	○	●
CIGNA of Kansas/Missouri	●	●	●	●
Community Health Plan	●	●	○	●
Coventry Health Care of Kansas Inc	●	●	●	●
Cox Health Plans Inc	●	●	●	NA
Group Health Plan	●	●	●	●
HealthLink Inc	NA	NA	NA	NA
Humana Health Plan Inc	○	●	●	●
Mercy Health Plans of Missouri Inc-St. L.	○	●	○	●
Premier Health Plans-Springfield	●	●	●	●
UnitedHealthcare of the Midwest*	●	●	●	●
Statewide Averages	50%	88%	51%	58%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

This table compares health plans' performance on Diabetes and Depression management to the statewide average, using the rating symbols below. The table also reports on which plans offer selected benefits and coverages.

Quality of Care Ratings

- – High
- – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Plan members (ages 18-75) who received a retinal eye exam during the past year.

Plan members (ages 18-75) who received a blood glucose test during the past year.

Plan members (ages 18-75) who are screened for or have evidence of nephropathy.

Plan members whose medicine for recovery from depression is adequately managed.

Screenings help to determine if a patient is at risk for a certain disease or health problem. Case Management helps patients, providers and physicians coordinate the medical care needed for complex or chronic illnesses.

Commercial Managed Care Plan Performance

Plan

Member Satisfaction

	Customer Service	Claims Processing	Getting Needed Care	Rating of Doctor Seen Most Often	Rating of Specialist Seen Most Often	Overall Rating of Plan
	(1)	(2)	(3)	(4)	(5)	(6)
Aetna Health Inc	●	●	●	●	●	○
Blue-Advantage	●	●	●	●	●	●
Blue-Care Inc	●	●	●	●	●	●
BlueChoice	●	●	●	●	●	●
CIGNA HealthCare of St. Louis Inc	●	●	○	●	●	●
CIGNA of Kansas/Missouri	●	●	○	●	●	●
Community Health Plan	●	●	●	●	●	●
Coventry Health Care of Kansas Inc	●	●	●	●	●	○
Cox Health Plans Inc	●	●	●	●	●	●
Group Health Plan	●	●	●	●	●	●
HealthLink Inc	NA	NA	NA	NA	NA	NA
Humana Health Plan Inc	●	●	●	●	●	●
Mercy Health Plans of Missouri Inc-St. L	●	●	●	●	●	●
Premier Health Plans-Springfield	●	●	●	●	●	●
UnitedHealthcare of the Midwest*	○	●	●	●	●	●
Statewide Averages	71%	92%	83%	76%	80%	68%

*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

All Plans Averages and Quality of Care Symbols Explained on following page.

Quality of Care Ratings

- – High
- – Average
- – Low/Needs Improvement
- NA – Numbers too small
- NR – Not reported by plan
- *Plan performance measures are compared to statewide averages

Response Descriptions for Satisfaction Categories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) Claims were correctly processed in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health plan.

Statewide Averages and Quality of Care Symbols Explained

The percent on the "Statewide Averages" line indicate the average percent of all plans for each indicator shown in the header of the column.

The Quality of Care Ratings reflect a statistical comparison of the plan's percentage on the indicator (measure) and the statewide average percentage for all plans. An Average (●) rating for a specific plan means the plan scored close to the Statewide Average for that indicator. A High (●) or Low (○) rating means the plan scored much higher or much lower than the Statewide Average.

Member Services Telephone Numbers

Managed Care Plan / Website

Customer Service

Nurse Helpline

Aetna Health Inc.

<http://www.aetna.com>

(800) 323-9930

(800) 556-1555

Blue-Advantage

<http://www.bcbskc.com>

(816) 395-9558

Blue-Care

<http://www.bcbskc.com>

(816) 395-3558

BlueChoice

<http://www.bcbsmo.com>

(800) 624-2356

CIGNA HealthCare of St. Louis

<http://www.cigna.com>

(800) 832-3211

(800) 832-3211

CIGNA HealthCare of KS/MO

<http://www.cigna.com>

(800) 832-3211

(800) 832-3211

Community Health Plan

<http://www.heartland-health.com>

(800) 990-9247

(800) 832-2476

Coventry Health Care of Kansas Inc.

<http://www.chckansas.com>

(800) 969-3343

(800) 622-9528

Cox Health Plans

<http://www.coxhealthplans.com>

(800) 205-7665

Group Health Plan

<http://www.ghp.com>

(800) 755-3901

HealthLink

<http://www.healthlink.com>

(800) 624-2356

Humana Health Plan

<http://www.humana.com>

(866) 427-7478

(800) 622-9529

Mercy Health Plans of Missouri - St. L.

<http://www.mercyhealthplans.com>

(800) 327-0763

(800) 811-1187

Premier Health Plans-Springfield

<http://www.premierhealthplansmo.com>

(800) 481-4466

(800) 909-8326

UnitedHealthcare of the Midwest

<http://www.unitedhealthcare.com>

(800) 627-0687

(877) 365-7950

For further information about this
Consumer's Guide, contact:
Missouri Dept. of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 751-6272



Websites

The following websites may be useful:

Agency for Healthcare Research & Quality:	http://www.ahrq.gov
American Association of Health Plans:	http://www.aahp.org
American Accreditation Healthcare Commission/URAC:	http://www.urac.org
American Medical Association:	http://www.ama-assn.org
American Osteopathic Association:	http://www.aoa-net.org
Families USA:	http://www.familiesusa.org
Health and Human Services-U.S.Government:	http://www.healthfinder.gov
Joint Commission on Accreditation of Healthcare Organizations/JCAHO:	http://www.jcaho.org
Missouri Department of Insurance	http://www.insurance.state.mo.us
National Committee for Quality Assurance/NCQA:	http://www.ncqa.org
National Health Information Center	http://www.health.gov/nhic

Need More Information?

Visit our website at: <http://www.dhss.state.mo.us/ManagedCare>

Concerns or Complaints?

Call your managed care plan if you have concerns on your treatment or feel you have been denied health services. They will explain your grievance rights and how to file a complaint. If you disagree with a plan's position or decision call the Consumer Hotline of the Missouri Department of Insurance at: 1-800-726-7390

For further information about this
Consumer's Guide, contact:

Missouri Dept. of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570
(573) 751-6272



The Missouri Department of Health and Senior Services has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 2005. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6272. The Missouri Department of Health and Senior Services is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
HOSPITAL CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	7,000,000	0.00	260,155	0.00	260,155	0.00	
TITLE XIX-FEDERAL AND OTHER	222,707	0.00	7,215,000	0.00	475,155	0.00	475,155	0.00	
THIRD PARTY LIABILITY COLLECT	390	0.00	0	0.00	0	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	213,420	0.00	215,000	0.00	215,000	0.00	215,000	0.00	
TOTAL - EE	436,517	0.00	14,430,000	0.00	950,310	0.00	950,310	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	46,804,796	0.00	22,483,608	0.00	21,489,899	0.00	18,529,522	0.00	
TITLE XIX-FEDERAL AND OTHER	400,369,865	0.00	428,237,628	0.00	462,456,181	0.00	462,456,181	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	200,000	0.00	0	0.00	0	0.00	
UNCOMPENSATED CARE FUND	32,483,522	0.00	32,483,522	0.00	32,483,522	0.00	32,483,522	0.00	
THIRD PARTY LIABILITY COLLECT	1,062,345	0.00	1,062,735	0.00	1,062,735	0.00	1,062,735	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	135,467,390	0.00	153,167,390	0.00	168,698,958	0.00	168,698,958	0.00	
HEALTH CARE TECHNOLOGY FUND	0	0.00	200,000	0.00	0	0.00	0	0.00	
HEALTH INITIATIVES	2,797,179	0.00	2,797,179	0.00	2,797,179	0.00	2,797,179	0.00	
HEALTHY FAMILIES TRUST	42,731,431	0.00	42,731,431	0.00	42,731,431	0.00	42,731,431	0.00	
TOTAL - PD	661,716,528	0.00	683,363,493	0.00	731,719,905	0.00	728,759,528	0.00	
TOTAL	662,153,045	0.00	697,793,493	0.00	732,670,215	0.00	729,709,838	0.00	
Hospital Cost to Continue - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	12,951,265	0.00	12,787,054	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	22,746,819	0.00	22,911,030	0.00	
TOTAL - PD	0	0.00	0	0.00	35,698,084	0.00	35,698,084	0.00	
TOTAL	0	0.00	0	0.00	35,698,084	0.00	35,698,084	0.00	
Replace Health Care Tech Fund - 1886013									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	200,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	200,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	200,000	0.00	0	0.00	

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit		FY 2008		FY 2009		FY 2010		FY 2010	
Decision Item		ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE									
PTD/QMB MHD Caseload Growth - 1886033									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	9,455,634	0.00	9,335,745	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	16,607,305	0.00	16,727,194	0.00
TOTAL - PD		0	0.00	0	0.00	26,062,939	0.00	26,062,939	0.00
TOTAL		0	0.00	0	0.00	26,062,939	0.00	26,062,939	0.00
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	7,733,554	0.00	10,693,931	0.00
TOTAL - PD		0	0.00	0	0.00	7,733,554	0.00	10,693,931	0.00
TOTAL		0	0.00	0	0.00	7,733,554	0.00	10,693,931	0.00
Quality Initiatives - 1886044									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	688,176	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE		0	0.00	0	0.00	391,824	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	1,080,000	0.00	0	0.00
TOTAL		0	0.00	0	0.00	1,080,000	0.00	0	0.00
Telemonitoring - 1886045									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	400,000	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	400,000	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	800,000	0.00	0	0.00
TOTAL		0	0.00	0	0.00	800,000	0.00	0	0.00
Coverage Expansion MAF - 1886053									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	0	0.00	18,359,181	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Coverage Expansion MAF - 1886053								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	0	0.00	10,246,586	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	28,605,767	0.00
TOTAL	0	0.00	0	0.00	0	0.00	28,605,767	0.00
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	1,772,402	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	3,175,677	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	4,948,079	0.00
TOTAL	0	0.00	0	0.00	0	0.00	4,948,079	0.00
GRAND TOTAL	\$662,153,045	0.00	\$697,793,493	0.00	\$804,244,792	0.00	\$835,718,638	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE	260,155	475,155	215,000	950,310	EE	260,155	475,155	215,000	950,310
PSD	21,489,899	462,456,181	247,773,825	731,719,905	PSD	18,529,522	462,456,181	247,773,825	728,759,528
TRF					TRF				
Total	21,750,054	462,931,336	247,988,825	732,670,215	Total	18,789,677	462,931,336	247,988,825	729,709,838
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (UCF) (0108)
Federal Reimbursement Allowance Fund (FRA) (0142)
Health Initiatives Fund (HIF) (0275)
Third Party Liability Collections Fund (TPL) (0120)
Healthy Families Trust Fund (0625)

Note: An "E" is requested for the appropriation to support trauma center payments if federal match is available, \$30 million Federal Funds and \$20 million FRA Funds.

Other Funds: Uncompensated Care Fund (UCF) (0108)
Federal Reimbursement Allowance Fund (FRA) (0142)
Health Initiatives Fund (HIF) (0275)
Third Party Liability Collections Fund (TPL) (0120)
Healthy Families Trust Fund (0625)

Note: An "E" is requested for the appropriation to support trauma center payments if federal match is available, \$30 million Federal Funds and \$20 million FRA Funds.

2. CORE DESCRIPTION

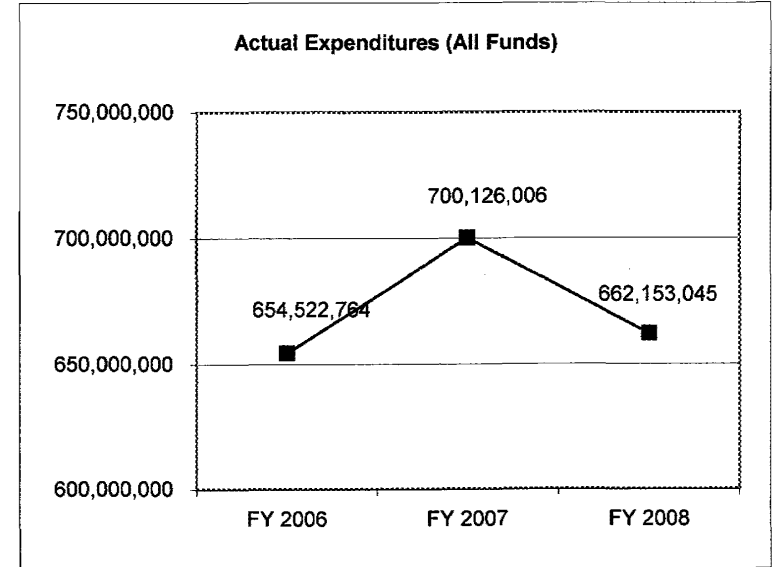
This core request is for ongoing funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants. Funding for this core is used to maintain hospital reimbursement at a sufficient level to ensure quality health care and provider participation.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital Care

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	654,998,700	703,179,818	692,156,205	697,793,493
Less Reverted (All Funds)	(83,915)	(2,986,677)	0	N/A
Budget Authority (All Funds)	654,914,785	700,193,141	692,156,205	N/A
Actual Expenditures (All Funds)	654,522,764	700,126,006	662,153,045	N/A
Unexpended (All Funds)	392,021	67,135	30,003,160	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	142,322	33,580	30,001,580	N/A
Other	249,699	33,555	1,580	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Expenditures of \$46,150,882 were paid from the Supplemental Pool and expenditures totaling \$6,309,518 were paid from the Managed Care appropriation. "E" increase in hospital trauma payments by \$1,950,000 FF.

(2) Expenditures of \$27,848,015 were paid from the Supplemental Pool and expenditures totaling \$9,597,543 were paid from the Managed Care appropriation.

(3) Expenditures of \$29,831,044 were paid from the Supplemental Pool and expenditures totaling \$20,928,251 were paid from the Managed Care appropriation. FY2008 federal lapse is for the federal share of trauma payments that DSS could not make (no earnings to support.)

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

HOSPITAL CARE

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			EE	0.00	7,000,000	7,215,000	215,000	14,430,000	
			PD	0.00	22,483,608	428,437,628	232,442,257	683,363,493	
			Total	0.00	29,483,608	435,652,628	232,657,257	697,793,493	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1491 1432	PD	0.00		(7,733,554)	0	0	(7,733,554)	FMAP adjustment
Core Reduction	1492 2643	PD	0.00		0	0	(200,000)	(200,000)	Core cut one time Health Care Technology fund source. Corresponding GR NDI.
Core Reallocation	389 1432	EE	0.00		(6,739,845)	0	0	(6,739,845)	
Core Reallocation	389 6471	EE	0.00		0	(6,739,845)	0	(6,739,845)	
Core Reallocation	389 6739	PD	0.00		0	200,000	0	200,000	
Core Reallocation	389 1432	PD	0.00		6,739,845	0	0	6,739,845	
Core Reallocation	389 6471	PD	0.00		0	6,739,845	0	6,739,845	
Core Reallocation	389 2689	PD	0.00		0	(200,000)	0	(200,000)	
Core Reallocation	1493 6471	PD	0.00		0	27,278,708	0	27,278,708	Transfer in FRA profit and matching federal funds from Managed Care.
Core Reallocation	1493 0776	PD	0.00		0	0	15,531,568	15,531,568	Transfer in FRA profit and matching federal funds from Managed Care.
NET DEPARTMENT CHANGES				0.00	(7,733,554)	27,278,708	15,331,568	34,876,722	
DEPARTMENT CORE REQUEST									
			EE	0.00	260,155	475,155	215,000	950,310	
			PD	0.00	21,489,899	462,456,181	247,773,825	731,719,905	
			Total	0.00	21,750,054	462,931,336	247,988,825	732,670,215	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**HOSPITAL CARE**

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1491	1432	PD	0.00	(2,960,377)	0	0	(2,960,377)	FMAP adjustment
NET GOVERNOR CHANGES				0.00	(2,960,377)	0	0	(2,960,377)	
GOVERNOR'S RECOMMENDED CORE									
			EE	0.00	260,155	475,155	215,000	950,310	
			PD	0.00	18,529,522	462,456,181	247,773,825	728,759,528	
			Total	0.00	18,789,677	462,931,336	247,988,825	729,709,838	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	436,517	0.00	14,430,000	0.00	950,310	0.00	950,310	0.00
TOTAL - EE	436,517	0.00	14,430,000	0.00	950,310	0.00	950,310	0.00
PROGRAM DISTRIBUTIONS	661,716,528	0.00	683,363,493	0.00	731,719,905	0.00	728,759,528	0.00
TOTAL - PD	661,716,528	0.00	683,363,493	0.00	731,719,905	0.00	728,759,528	0.00
GRAND TOTAL	\$662,153,045	0.00	\$697,793,493	0.00	\$732,670,215	0.00	\$729,709,838	0.00
GENERAL REVENUE	\$46,804,796	0.00	\$29,483,608	0.00	\$21,750,054	0.00	\$18,789,677	0.00
FEDERAL FUNDS	\$400,592,572	0.00	\$435,652,628	0.00	\$462,931,336	0.00	\$462,931,336	0.00
OTHER FUNDS	\$214,755,677	0.00	\$232,657,257	0.00	\$247,988,825	0.00	\$247,988,825	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for inpatient and outpatient hospital services for fee-for-service MO HealthNet/Managed Care participants.

Hospital services, inpatient and outpatient, are an essential part of a health care delivery system. These services are mandatory Medicaid-covered services and are provided statewide. Hospital services have been part of the MO HealthNet program since November 1967. MO HealthNet inpatient hospital services are medical services provided in a hospital acute care setting for the care and treatment of MO HealthNet participants.

MO HealthNet outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative or palliative services provided in an outpatient setting. Examples of outpatient services are emergency room services, physical therapy, ambulatory surgery, or any service/procedure done prior to admission.

Providers

To participate in the MO HealthNet fee-for-service program, hospitals must first meet certain requirements. Hospitals must be licensed and certified by the Missouri Department of Health and Senior Services for participation in the Title XVIII Medicare program. If the hospital is located out of state, the hospital must be licensed by that state's Department of Health or similar agency. If a state does not have a licensing agency, the hospital must be accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO). In addition, the hospital must complete a Title XIX Medicaid Participation Agreement/Questionnaire, and a MO HealthNet enrollment application. The application of enrollment must be approved by the Department of Social Services/MO HealthNet Division.

MO HealthNet Reimbursement

Reimbursement for inpatient hospital stays is determined by a prospective reimbursement plan implemented in FY82. The plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report to reimburse for inpatient stays in accordance with a specified admission diagnosis. For reimbursement purposes hospitals are divided into two groups: safety net hospitals and disproportionate share hospitals (first tier and other DSH). The DSH classification is made as a result of an analysis of annual hospital cost reports.

A hospital can qualify as a safety net hospital if:

- it has an unsponsored care (charity care) ratio of 65%; or
- is operated by the Board of Curators as defined in chapter 172 RSMo; or
- is operated by the Department of Mental Health;

and if it meets one of the following DSH criteria:

- MO HealthNet inpatient utilization percentage is at least one standard deviation above the state's mean MO HealthNet utilization;
- Utilization of services by low-income clients is greater than 25% of their total utilization;
- The hospital is ranked in the top fifteen hospitals based on MO HealthNet patient days and their MO HealthNet nursery and neonatal utilization is greater than 35% of the hospital's total nursery and neonatal utilization;
- At least 9% of their MO HealthNet days are provided in the hospital's neonatal unit;
- Unsponsored care ratio of at least ten percent (10%).

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Once a per diem reimbursement rate is established for each hospital, it is paid for the lesser of: 1) the number of days assigned by the utilization review agent; 2) the number of days billed as covered services; or 3) the Professional Activity Study (PAS) limitation for any diagnosis not subject to review by the utilization review agent.

A hospital is eligible for a special per diem rate increase if it meets prescribed requirements concerning new health services or new construction.

Outpatient services, excluding certain diagnostic laboratory procedures, are paid on a prospective outpatient reimbursement methodology. The prospective outpatient payment percentage is calculated using the MO HealthNet overall outpatient cost-to-charge ratio from the fourth, fifth and sixth prior base year cost reports regressed to the current state fiscal year. The prospective outpatient payment percentage cannot exceed 100% and cannot be less than 20%. New MO HealthNet providers that do not have fourth, fifth and sixth prior year cost reports will be set at 75% for the first three fiscal years in which the hospital operates and will have a cost settlement calculated for these years. A prospective outpatient rate will then be calculated and used for the fourth and subsequent years of operation. The weighted average prospective outpatient rate is 35%.

Other Reimbursement to Hospitals

Hospitals may also receive funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for inpatient and outpatient services. It is also a funding source for MO HealthNet Managed Care, the Women's Health Services, and SCHIP program. These programs provide payments for the cost of providing care to MO HealthNet participants and the uninsured.

Under the FRA programs, hospitals pay a federal reimbursement allowance for doing business in the state. The assessment is a percentage levied against both net hospital inpatient revenue and net hospital outpatient revenue. For SFY 2009, the assessment rate is 5.25%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of General Revenue funds. The funds are distributed to the hospitals through a combination of payments.

The payments include funding for: inpatient per diems, outpatient payments, and add-on payments (such as direct MO HealthNet payments, uninsured, and utilization add-on payments). For a more detailed description of the FRA program see the FRA narrative.

Trends

The elderly and persons with disabilities are the highest users of health care services and costliest population per capita. These two populations represent 25% of all Medicaid eligibles and represent 64% of all expenditures. Persons with disabilities are the primary users of hospital services. This group accounts for 43% of fee-for-service hospital users and 55% of fee-for-service hospital expenditures. The elderly are 14% of fee-for-service hospital users and use over 6% of fee-for-service hospital expenditures.

One method used to control costs is the pre-certification of inpatient hospital stays and certificate of need for patients under 21 admitted to psychiatric units or facilities. The reviews are done by a utilization review agent. Admission and continued stay reviews are performed on a preapproved basis for all fee-for-service MO HealthNet participants admitted to acute care hospitals except for certain pregnancy, delivery and newborn diagnoses and Medicare/MO HealthNet eligibles. The reviews are done to ensure that hospital admission and each day of inpatient care are medically necessary. The review may be performed prior to admission, post admission or retrospectively. An initial length of stay (LOS) is assigned by a nurse or physician reviewer.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);
Federal Regulations: 42 CFR 440.10 and 440.20

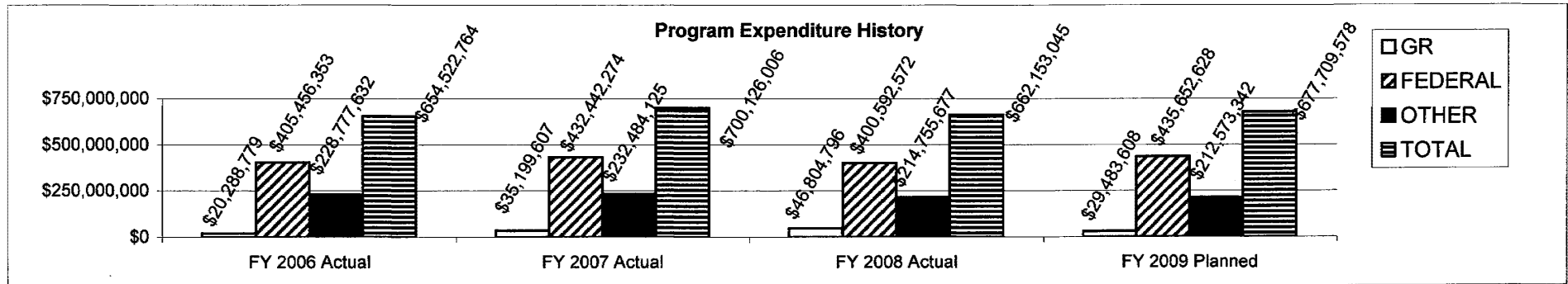
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

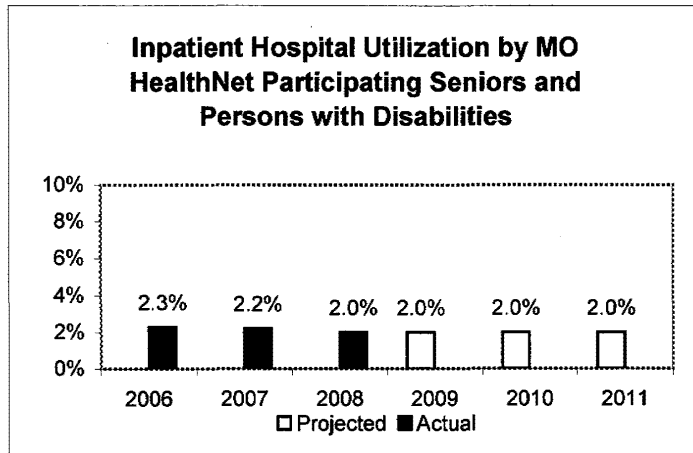
5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Uncompensated Care Fund (0108), Federal Reimbursement Allowance Fund (0142), Health Initiatives Fund (0275), Third Party Liability Collections Fund (0120), Healthy Families Trust Fund (0625) and Health Care Technology Fund (0170).

7a. Provide an effectiveness measure.



7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

Inpatient and outpatient services are available to all fee-for-service MO HealthNet participants. In those regions of the state where Managed Care has been implemented participants have hospital services available through the Managed Care health plans.

Number of Outpatient Services (Thousands)		
SFY	Actual	Projected
2006	8,162.6	8,193.0
2007	9,754.7	9,662.1
2008	9,224.7	11,657.3
2009		9,317.0
2010		9,410.2
2011		9,504.3

Average Monthly Number of Users of Hospital Services		
SFY	Actual	Projected
2006	101,917	104,941
2007	107,049	105,387
2008	96,140	111,215
2009		97,101
2010		98,072
2011		99,053

Number of Inpatient Days (Thousands)		
SFY	Actual	Projected
2006	458.4	698.6
2007	395.8	474.2
2008	394.6	399.8
2009		394.6
2010		394.6
2011		394.6

7d. Provide a customer satisfaction measure, if available.

**NEW DECISION ITEM
RANK: 5**

Department: Social Services
Division: MO HealthNet
DI Name: Hospital Cost to Continue

Budget Unit: 90552C
DI#: 1886011

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	12,951,265	22,746,819		35,698,084
TRF				
Total	12,951,265	22,746,819		35,698,084
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	12,787,054	22,911,030		35,698,084
TRF				
Total	12,787,054	22,911,030		35,698,084
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funds additional anticipated costs of the Hospital program (funded through the MO HealthNet Supplemental Pool in FY2009) to ensure the core is sufficiently funded.

The Federal Authority is Social Security Act 1902(a)(10), 1903(w), 1905, 1915(d), 1915(b), 1923(a)-(f), 2100 and 1115 Waiver; 42 CFR 406, 410, 412, 418, 431, 433, 440, 441 subpart B, and 434 subpart C. State Authority is 208.151, 208.152, 208.153, 208.166, 167.600 through 167.621, 191.831 RSMo.

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4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD performed detailed projections of all program cores. These projections include estimating expenditures for the next fiscal year in order to ensure adequate funding is available. Federal match rate used is 63.72%.

	Total	GR	Federal
Hospital Services	\$35,698,084	\$12,951,265	\$22,746,819

Governor's Recommendation:

The Governor's recommendation is based on updated FMAP information as follows:

	Total	GR	Federal
Hospital Services	\$35,698,084	\$12,787,054	\$22,911,030

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	12,951,265		22,746,819		0		35,698,084		
Total PSD	12,951,265		22,746,819		0		35,698,084		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	12,951,265	0.0	22,746,819	0.0	0	0.0	35,698,084	0.0	0

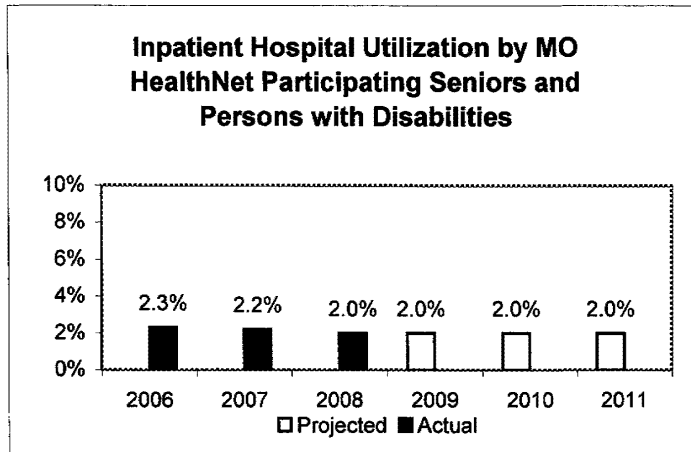
5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS

Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	12,787,054		22,911,030				35,698,084		
Total PSD	12,787,054		22,911,030		0		35,698,084		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	12,787,054	0.0	22,911,030	0.0	0	0.0	35,698,084	0.0	0

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6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.



6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Inpatient and outpatient services are available to all fee-for-service MO HealthNet participants. In those regions of the state where Managed Care has been implemented participants have hospital services available through the Managed Care health plans.

Number of Outpatient Services (thousands)		
SFY	Actual	Projected
2006	8,162.6	8,193.0
2007	9,754.7	9,662.1
2008	9,224.7	11,657.3
2009		9,317.0
2010		9,410.2
2011		9,504.3

Average Monthly Number of Users of Hospital Services		
SFY	Actual	Projected
2006	101,917	104,941
2007	107,049	105,387
2008	96,140	111,215
2009		97,101
2010		98,072
2011		99,053

Number of Inpatient Days (thousands)		
SFY	Actual	Projected
2006	458.4	698.6
2007	395.8	474.2
2008	394.6	399.8
2009		394.6
2010		394.6
2011		394.6

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Hospital Cost to Continue - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	35,698,084	0.00	35,698,084	0.00
TOTAL - PD	0	0.00	0	0.00	35,698,084	0.00	35,698,084	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$35,698,084	0.00	\$35,698,084	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,951,265	0.00	\$12,787,054	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$22,746,819	0.00	\$22,911,030	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

**NEW DECISION ITEM
RANK: 45**

Department: Social Services
Division: MO HealthNet
DI Name: Quality Initiatives

Budget Unit: 90552C

DI#: 1886044

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		688,176	391,824	1,080,000
TRF				
Total		688,176	391,824	1,080,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD		0	0	0
TRF				
Total		0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input checked="" type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: This funding is requested to support efforts to measure and report quality indicators and outcomes for obstetrics and pediatric care.

A national effort is under way to identify and collect Hospital Quality Measures. The goals are for patients to have access to better information when making health care choices and for the provision of health care to continuously improve. Some of the process measures leading to better patient outcomes currently are not captured electronically and need to be manually abstracted from patient records. This decision item funds a partnership with hospitals to electronically gather information and develop measures for better patient outcomes in obstetrics and pediatric care.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Several indicators for obstetrics and pediatric care have been identified. These indicators are not captured electronically and need to be manually abstracted from patient records. Participating hospitals would abstract the required data that would be necessary to facilitate the collection of required quality indicators. This item provides funding to make additional payments to hospitals to offset their costs.

	Total	GR	Federal	FRA
Total	\$1,080,000	\$0	\$688,176	\$391,824

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions			688,176		391,824		1,080,000		
Total PSD	0		688,176		391,824		1,080,000		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	688,176	0.0	391,824	0.0	1,080,000	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions			0		0		0		
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

475

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

The Hospital Quality Incentive Demonstration (HQID) was launched in October 2003 by the Premier healthcare alliance and the Centers for Medicare & Medicaid Services (CMS). More than 250 hospitals across the nation reported their quality data for the following five high-volume inpatient conditions using national measures of quality care:

- ♦Accute myocardial infarction (AMI/heart attack);
- ♦Coronary artery bypass graft (CABG);
- ♦Heart failure (HF);
- ♦Pneumonia (PN);
- ♦Hip and knee (HK) replacement.

Hospitals participating in the HQID project have, over the first three years of the project:

- ♦Saved the lives of an estimated 2,500 heart-attack patients;
- ♦Provided approximately 300,000 additional treatments that met the highest quality patient care standards.

The average Composite Quality Scores (CSQ), an aggregate of all quality measures within each clinical area, improved significantly between the inception of the program and the end of Year 3 in all five clinical focus areas:

- ♦From 87.5 percent to 96.1 percent for patients with AMI (heart attack);
- ♦From 84.8 percent to 97.4 percent for patients with coronary artery bypass graft (CABG);
- ♦From 64.5 percent to 88.7 percent for patients with heart failure (HF);
- ♦From 69.3 percent to 90.5 percent for patients with pneumonia (PN);
- ♦From 84.6 percent to 96.9 percent for patients with hip and knee (HK) replacement.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

Average Monthly Number of Users of Hospital Services		
SFY	Actual	Projected
2006	101,917	104,941
2007	107,049	105,387
2008	96,140	111,215
2009		97,101
2010		98,072
2011		99,053

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Quality Initiatives - 1886044								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,080,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,080,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,080,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$688,176	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$391,824	0.00		0.00

**NEW DECISION ITEM
RANK: 46**

Department: Social Services
Division: MO HealthNet
DI Name: Telemonitoring

Budget Unit: 90552C
DI#: 1886045

1. AMOUNT OF REQUEST

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE	400,000	400,000		800,000
PSD				
TRF				
Total	400,000	400,000		800,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE	0	0		0
PSD				
TRF				
Total	0	0		0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

____ New Legislation
____ Federal Mandate
____ GR Pick-Up
____ Pay Plan

____ New Program
____ **X** Program Expansion
____ Space Request
____ Other:

____ Fund Switch
____ Cost to Continue
____ Equipment Replacement

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed to expand telemonitoring services statewide. Services will be juried through Chronic Care Improvement Program/ASOs.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

In FY09, \$400,000 was funded in the Hospital appropriation section and \$400,000 was funded from the Health Care Technology Fund. Additional funding is needed to expand telemonitoring services statewide.

	Total	GR	Federal
Hospital Care	400,000	400,000	400,000
Healthcare Technology	400,000	400,000	400,000
Total Request	\$800,000	\$400,000	\$400,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	400,000		400,000				800,000		
Total EE	400,000		400,000		0		800,000		0
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	400,000	0.0	400,000	0.0	0	0.0	800,000	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Professional Services (400)	0		0				0		
Total EE	0		0		0		0		0
Program Distributions									
Total PSD	0		0		0		0		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

The telemonitoring pilot project in Greene County in 2004 showed a reduced need for patients to go to the emergency room. Patients were monitored before using telemonitoring and afterwards. The cost of the telemonitoring pilot project was \$1.5 million and the savings was approximately \$6.8 million. The return on investment target is 22% as measured by the reduced need in emergency room visits.

6b. Provide an efficiency measure.

6c. Provide the number of clients/individuals served, if applicable.

SFY	MO HealthNet Enrollees	
	Actual	Projected
2006	894,220	
2007	825,899	
2008	829,477	830,028
2009		833,044
2010		836,626
2011		840,223

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
Telemonitoring - 1886045								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	800,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	800,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$800,000	0.00	\$0	0.00
GENERAL REVENUE								
FEDERAL FUNDS								
OTHER FUNDS								

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TIER 1 SAFETY NET HOSPITALS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	3,948,066	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL - PD	3,948,066	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL	3,948,066	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
GRAND TOTAL	\$3,948,066	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Tier 1 Safety Net Hospitals

Budget Unit: 90558C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD		8,000,000		8,000,000	PSD		8,000,000		8,000,000
TRF					TRF				
Total		8,000,000		8,000,000	Total		8,000,000		8,000,000
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

Other Funds:

Note: An "E" is requested for the \$8,000,000 in Federal Funds authority

Note: An "E" is requested for the \$8,000,000 in Federal Funds authority

2. CORE DESCRIPTION

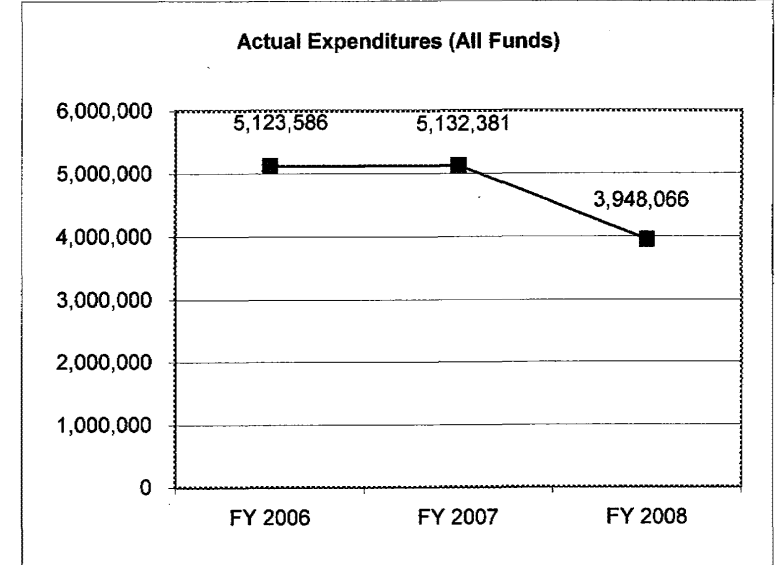
This core request is for ongoing funding to reimburse for physician services provided to MO HealthNet participants and the uninsured through Tier 1 Safety Net Hospitals. The payments maximize eligible costs by utilizing current state and local funding sources as match for services that are not currently matched with federal Medicaid payments.

3. PROGRAM LISTING (list programs included in this core funding)

Tier 1 Safety Net Hospitals

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	23,000,000	23,000,000	23,000,000	8,000,000
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	23,000,000	23,000,000	23,000,000	N/A
Actual Expenditures (All Funds)	5,123,586	5,132,381	3,948,066	N/A
Unexpended (All Funds)	17,876,414	17,867,619	19,051,934	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	17,876,414	17,867,619	19,051,934	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Lapse of \$17,876,414 in excess federal authority.

(2) Lapse of \$17,867,619 in excess federal authority.

(3) Lapse of \$19,051,934 in excess federal authority.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES**TIER 1 SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TIER 1 SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	3,948,066	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL - PD	3,948,066	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
GRAND TOTAL	\$3,948,066	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$3,948,066	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Tier 1 Safety Net Hospitals

Program is found in the following core budget(s): Tier 1 Safety Net Hospitals

1. What does this program do?

PROGRAM SYNOPSIS: Provides payments for MO HealthNet participants and the uninsured through Tier 1 safety net hospitals. Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This program was established to provide a funding mechanism to enhance payments to these hospitals.

Enhanced payments have been made to Truman Medical Center Physicians and University of Missouri-Kansas City Physicians. Appropriated funding is based on the following projections:

Enhanced Payment for Truman Medical Center Physicians	\$3,000,000
Enhanced Payment for University of Missouri-Kansas City Physicians	\$5,000,000

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);
Federal Regulations: 42 CFR 440.10 and 440.20

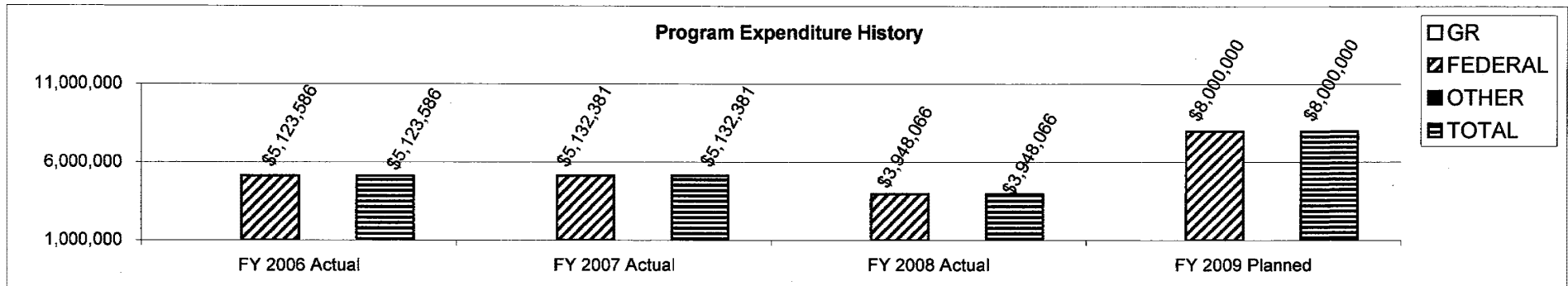
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%. For those public entities identified above who use state and local general revenue to provide eligible services to MO HealthNet participants, the MO HealthNet Division provides payment of the federal share for these eligible services.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FQHC DISTRIBUTION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	8,730,000	0.00	9,350,000	0.00	9,250,000	0.00	9,250,000	0.00
HEALTH CARE TECHNOLOGY FUND	1,950,773	0.00	5,000,000	0.00	0	0.00	0	0.00
TOTAL - PD	10,680,773	0.00	14,350,000	0.00	9,250,000	0.00	9,250,000	0.00
TOTAL	10,680,773	0.00	14,350,000	0.00	9,250,000	0.00	9,250,000	0.00
GRAND TOTAL	\$10,680,773	0.00	\$14,350,000	0.00	\$9,250,000	0.00	\$9,250,000	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	9,250,000			9,250,000
TRF				
Total	9,250,000			9,250,000
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	9,250,000			9,250,000
TRF				
Total	9,250,000			9,250,000
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is to allow Federally Qualified Health Centers (FQHCs) to provide more services in their facilities and improve access to health care for the uninsured and under-insured. Funding for this core is for equipment and infrastructure in the FQHC and to cover the expense of providing health care services in the FQHC setting.

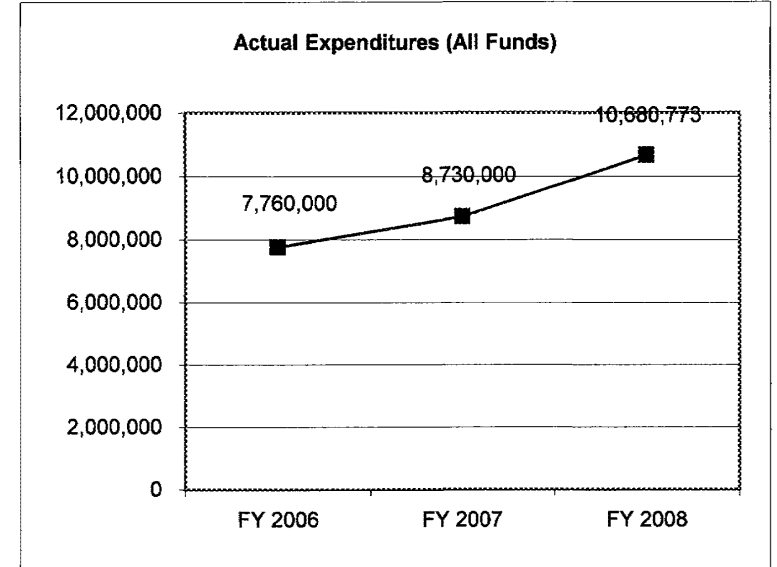
3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC)

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	8,000,000	9,000,000	14,000,000	14,350,000
Less Reverted (All Funds)	(240,000)	(270,000)	(270,000)	N/A
Budget Authority (All Funds)	7,760,000	8,730,000	13,730,000	N/A
Actual Expenditures (All Funds)	7,760,000	8,730,000	10,680,773	N/A
Unexpended (All Funds)	0	0	3,049,227	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	3,049,227	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Other fund lapse is one-time Health Care Technology funds that will be spent in FY2009.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	9,350,000	0	5,000,000	14,350,000	
			Total	0.00	9,350,000	0	5,000,000	14,350,000	
DEPARTMENT CORE ADJUSTMENTS									
1x Expenditures	1494 4868		PD	0.00	(100,000)	0	0	(100,000)	FY 2009 one time for Crider Health Center dental project.
Core Reduction	1085 4201		PD	0.00	0	0	(5,000,000)	(5,000,000)	Core cut one time Health Care Technology fund source.
NET DEPARTMENT CHANGES				0.00	(100,000)	0	(5,000,000)	(5,100,000)	
DEPARTMENT CORE REQUEST									
			PD	0.00	9,250,000	0	0	9,250,000	
			Total	0.00	9,250,000	0	0	9,250,000	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	9,250,000	0	0	9,250,000	
			Total	0.00	9,250,000	0	0	9,250,000	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	10,680,773	0.00	14,350,000	0.00	9,250,000	0.00	9,250,000	0.00
TOTAL - PD	10,680,773	0.00	14,350,000	0.00	9,250,000	0.00	9,250,000	0.00
GRAND TOTAL	\$10,680,773	0.00	\$14,350,000	0.00	\$9,250,000	0.00	\$9,250,000	0.00
GENERAL REVENUE	\$8,730,000	0.00	\$9,350,000	0.00	\$9,250,000	0.00	\$9,250,000	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$1,950,773	0.00	\$5,000,000	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

1. What does this program do?

PROGRAM SYNOPSIS: Allows Federally Qualified Health Centers to provide more services in their facilities and improve access to health care for the uninsured and under-insured. Grant funds are used for capital expansion, infrastructure redesigning, and primary health care for the uninsured.

FQHCs are community health centers that provide comprehensive primary care to low-income and medically under-served urban and rural communities. Because of an inadequate number of providers, Missourians have found it difficult to find health care providers and are subject to lengthy postponements in receiving health care services. In rural areas, these issues are more pronounced as people must frequently travel to larger cities in order to receive necessary care. By equipping the FQHCs with infrastructure and personnel, the under-served population will have increased access to health care, especially in medically under-served areas.

Examples of ways these grants help expand access to health care services for the low-income and uninsured include: 1) Supporting nontraditional hours of operation (weekend and special evening hours). FQHCs recognize that many Missourians do not have the luxury of accessing care during normal business hours. 2) Defraying the costs of caring for the uninsured. FQHCs are required to accept uninsured patients as they do insured patients. 3) Fund staff and infrastructure to provide services not usually accessible to FQHC patients such as dental services.

The Department of Social Services has contracted with the Missouri Primary Care Association to act as a fiscal intermediary for the distribution of the FQHC grants, assuring accurate and timely payments to the subcontractors and to act as a central data collection point for evaluation of program impact and outcomes. The Missouri Primary Care Association is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration. The goals of the nation's Primary Care Associations are to partner in the development, maintenance and improvement of access to health care services, reducing disparities in health status between majority and minority populations.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.153, 208.201, 660.026; Federal law: Social Security Act Section 1905(a)(2); Federal regulation: 42 CFR 440.210, 440.500

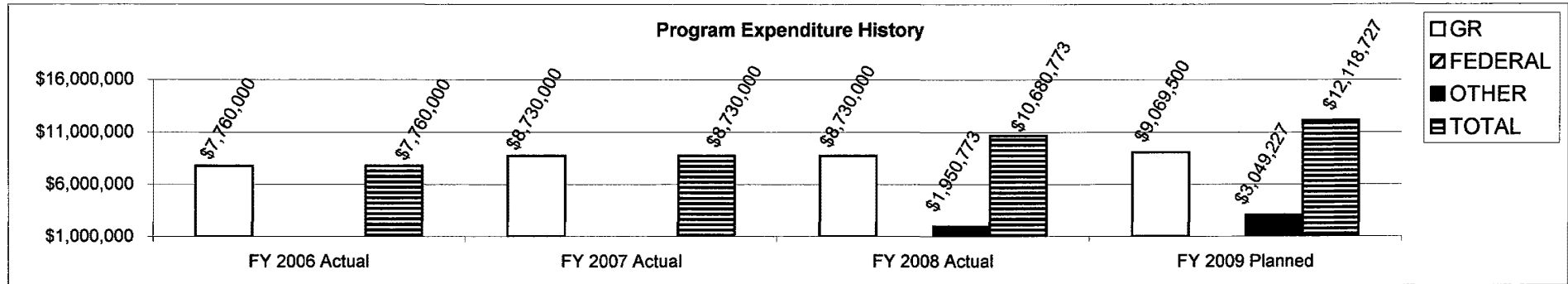
3. Are there federal matching requirements? If yes, please explain.

This is a state-only program using 100% General Revenue funding.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Health Care Technology Fund (0170).

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

FQHC Users by Service						
Calendar Year	Medical		Dental		Mental Health	
	Actual	Projected	Actual	Projected	Actual	Projected
2006	241,584	255,855	74,991	84,349	12,928	15,547
2007	261,482	250,412	75,840	83,601	12,912	14,887
2008		282,401		76,598		12,912
2009		282,401		76,598		12,912
2010		282,401		76,598		12,912
2011		282,401		76,598		12,912

Information is based on calendar year.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
RURAL HEALTH CLINICS								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	514,100	0.00	0	0.00	530,000	0.00	265,000	0.00
TITLE XIX-FEDERAL AND OTHER	801,730	0.00	0	0.00	872,859	0.00	436,430	0.00
TOTAL - EE	1,315,830	0.00	0	0.00	1,402,859	0.00	701,430	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	530,000	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	872,859	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,402,859	0.00	0	0.00	0	0.00
TOTAL	1,315,830	0.00	1,402,859	0.00	1,402,859	0.00	701,430	0.00
GRAND TOTAL	\$1,315,830	0.00	\$1,402,859	0.00	\$1,402,859	0.00	\$701,430	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rural Health Clinics

Budget Unit: 90560C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	530,000	872,859		1,402,859
PSD				
TRF				
Total	530,000	872,859	0	1,402,859
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	265,000	436,430		701,430
PSD				
TRF				
Total	265,000	436,430		701,430
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

2. CORE DESCRIPTION

This core request is for funding a pilot project for rural health clinics using telehealth services.

3. PROGRAM LISTING (list programs included in this core funding)

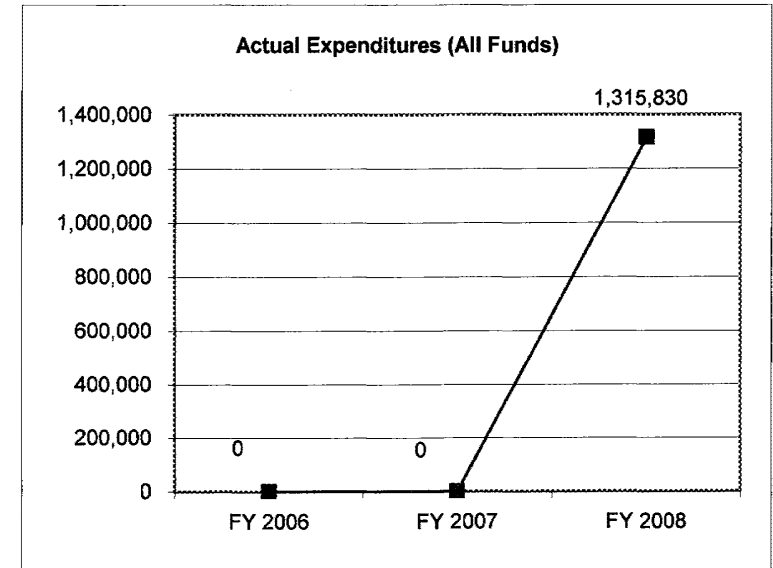
Rural Health Clinics Pilot Project

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4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	0	0	1,402,859	1,402,859
Less Reverted (All Funds)	0	0	(15,900)	N/A
Budget Authority (All Funds)	0	0	1,386,959	N/A
Actual Expenditures (All Funds)	0	0	1,315,830	N/A
Unexpended (All Funds)	0	0	71,129	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	71,129	N/A
Other	0	0	0	N/A

(1)



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) New program in FY 2008.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

RURAL HEALTH CLINICS

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	530,000	872,859	0	1,402,859	
			Total	0.00	530,000	872,859	0	1,402,859	
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	390 4374	EE		0.00	530,000	0	0	530,000	
Core Reallocation	390 4376	EE		0.00	0	872,859	0	872,859	
Core Reallocation	390 4374	PD		0.00	(530,000)	0	0	(530,000)	
Core Reallocation	390 4376	PD		0.00	0	(872,859)	0	(872,859)	
NET DEPARTMENT CHANGES				0.00	0	0	0	0	
DEPARTMENT CORE REQUEST									
		EE		0.00	530,000	872,859	0	1,402,859	
		PD		0.00	0	0	0	0	
		Total		0.00	530,000	872,859	0	1,402,859	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	2508 4376	EE		0.00	0	(436,429)	0	(436,429)	
Core Reduction	2508 4374	EE		0.00	(265,000)	0	0	(265,000)	
NET GOVERNOR CHANGES				0.00	(265,000)	(436,429)	0	(701,429)	
GOVERNOR'S RECOMMENDED CORE									
		EE		0.00	265,000	436,430	0	701,430	
		PD		0.00	0	0	0	0	
		Total		0.00	265,000	436,430	0	701,430	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
RURAL HEALTH CLINICS								
CORE								
PROFESSIONAL SERVICES	1,315,830	0.00	0	0.00	1,402,859	0.00	701,430	0.00
TOTAL - EE	1,315,830	0.00	0	0.00	1,402,859	0.00	701,430	0.00
PROGRAM DISTRIBUTIONS	0	0.00	1,402,859	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,402,859	0.00	0	0.00	0	0.00
GRAND TOTAL	\$1,315,830	0.00	\$1,402,859	0.00	\$1,402,859	0.00	\$701,430	0.00
GENERAL REVENUE	\$514,100	0.00	\$530,000	0.00	\$530,000	0.00	\$265,000	0.00
FEDERAL FUNDS	\$801,730	0.00	\$872,859	0.00	\$872,859	0.00	\$436,430	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Rural Health Clinics

Program is found in the following core budget(s): Rural Health Clinics

1. What does this program do?

PROGRAM SYNOPSIS: Enables connectivity between Rural Health Clinics and the Missouri Telehealth Network through the use of telehealth.

Telehealth is the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.

The purpose of this item is to enable connectivity between Rural Health Clinics (RHC) and the Missouri Telehealth Network. Rural Health Clinics interested in telehealth are connected on a pilot project basis, to enable participants receiving services at the RHC to access specialist services via the telehealth network.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 208.670, RSMo.

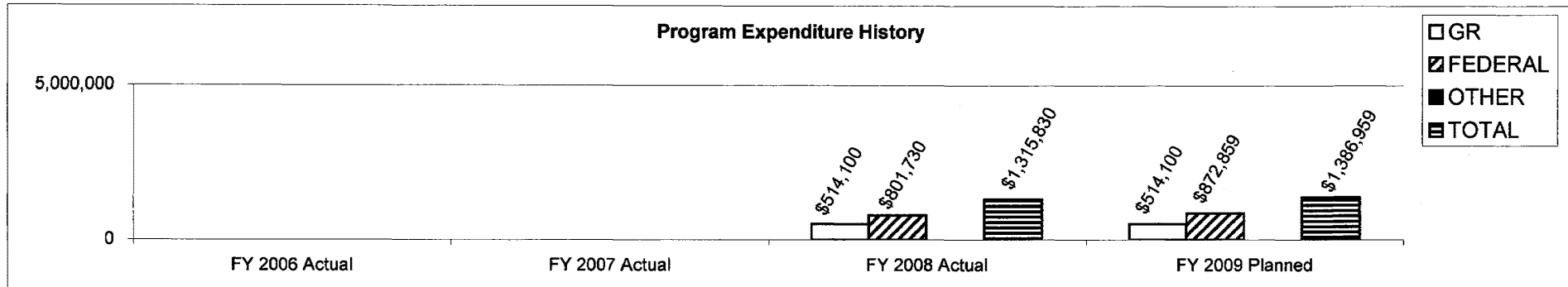
3. Are there federal matching requirements? If yes, please explain.

States can earn the Federal Medical Assistance Percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

7d. Provide a customer satisfaction measure, if available.

FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item								
Budget Object Summary								
Fund	FY 2008 ACTUAL DOLLAR	FY 2008 ACTUAL FTE	FY 2009 BUDGET DOLLAR	FY 2009 BUDGET FTE	FY 2010 DEPT REQ DOLLAR	FY 2010 DEPT REQ FTE	FY 2010 GOV REC DOLLAR	FY 2010 GOV REC FTE
FED REIMB ALLOWANCE								
CORE								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	863,482,804	0.00	752,000,000	0.00	752,000,000	0.00	714,934,778	0.00
TOTAL - PD	863,482,804	0.00	752,000,000	0.00	752,000,000	0.00	714,934,778	0.00
TOTAL	863,482,804	0.00	752,000,000	0.00	752,000,000	0.00	714,934,778	0.00
Federal Reimbursement Allowanc - 1886048								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	100,400,000	0.00	100,400,000	0.00
TOTAL - PD	0	0.00	0	0.00	100,400,000	0.00	100,400,000	0.00
TOTAL	0	0.00	0	0.00	100,400,000	0.00	100,400,000	0.00
GRAND TOTAL	\$863,482,804	0.00	\$752,000,000	0.00	\$852,400,000	0.00	\$815,334,778	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				FY 2010 Governor's Recommendation			
GR	Federal	Other	Total	GR	Federal	Other	Total
PS				PS			
EE				EE			
PSD		752,000,000	752,000,000	PSD		714,934,778	714,934,778
TRF				TRF			
Total		752,000,000	752,000,000	Total		714,934,778	714,934,778
FTE			0.00	FTE			0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

Note: An "E" is requested for the Federal Reimbursement Allowance Fund.

Note: An "E" is requested for the Federal Reimbursement Allowance Fund.

2. CORE DESCRIPTION

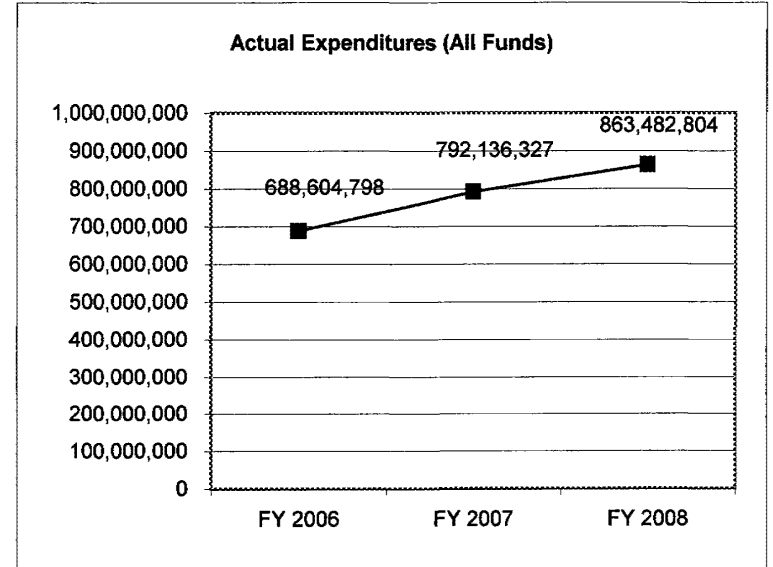
This core request is for ongoing funding to reimburse for hospital services and managed care premiums provided to MO HealthNet participants and the uninsured. Funding for this core is used to maintain hospital reimbursement at a sufficient level to ensure quality health care and provider participation. Hospitals are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent and when used to make valid Medicaid payments, earns federal dollars. These earnings fund this FRA program appropriation.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	689,613,669	792,136,351	863,482,804	752,000,000 E
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	689,613,669	792,136,351	863,482,804	N/A
Actual Expenditures (All Funds)	688,604,798	792,136,327	863,482,804	N/A
Unexpended (All Funds)	1,008,871	24	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	1,008,871	24	0	N/A



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
FED REIMB ALLOWANCE

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	752,000,000	752,000,000	
	Total	0.00	0	0	752,000,000	752,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	752,000,000	752,000,000	
	Total	0.00	0	0	752,000,000	752,000,000	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	3256 1605 PD	0.00	0	0	(37,065,222)	(37,065,222)	Redirection of funds from DSH to be used for MAF coverage up to 50% FPL.
NET GOVERNOR CHANGES		0.00	0	0	(37,065,222)	(37,065,222)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	714,934,778	714,934,778	
	Total	0.00	0	0	714,934,778	714,934,778	

FY10 Department of Social Services Report #10

DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMB ALLOWANCE								
CORE								
PROGRAM DISTRIBUTIONS	863,482,804	0.00	752,000,000	0.00	752,000,000	0.00	714,934,778	0.00
TOTAL - PD	863,482,804	0.00	752,000,000	0.00	752,000,000	0.00	714,934,778	0.00
GRAND TOTAL	\$863,482,804	0.00	\$752,000,000	0.00	\$752,000,000	0.00	\$714,934,778	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$863,482,804	0.00	\$752,000,000	0.00	\$752,000,000	0.00	\$714,934,778	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1. What does this program do?

PROGRAM SYNOPSIS: Provides ongoing reimbursement for hospital services and managed care premiums provided to MO HealthNet participants and the uninsured.

The FRA program provides payments for hospital inpatient services, outpatient services, managed care capitated payments, S-CHIP and Women's Health services (using the FRA assessment as general revenue equivalent). The FRA program supplements payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act and to the uninsured. Hospitals are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent and when used to make valid Medicaid payments, earns federal dollars. These earnings fund the FRA program.

Currently 143 hospitals participate in the FRA program. The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. For FY09, the assessment rate is 5.25%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of General Revenue funds. The funds are distributed to the hospitals through a combination of payments.

The FRA program reimburses hospitals for certain costs as outlined below:

- Higher Inpatient Per Diems - Higher per diems were granted in October 1992 when the FRA program started. At that time, rates for the general plan hospitals were rebased to the 1990 cost reports. In April 1998, hospitals were rebased to the 1995 cost reports.
- Increased Outpatient Payment - 20% of outpatient costs are made through FRA funding. An outpatient prospective reimbursement methodology was implemented on July 1, 2002.
- Direct MO HealthNet Payments - The hospital receives additional lump sum payments to cover their unreimbursed costs for providing services to MO HealthNet patients. These payments, along with per diem payments, provide 100% of the cost for MO HealthNet participants.
- Uninsured Add-On - Payments for the cost of providing services to patients that do not have insurance (charity care and bad debts). For FY 2009, reimbursement for the uninsured cost was at 90% for non-Safety Net Hospitals and 100% for acute care Safety Net Hospitals licensed for more than 50 beds or operated by DMH.
- Utilization Adjustment - This payment includes the utilization adjustment to recognize the increased cost per MO HealthNet patient day because of the reduction in total patient days caused by the implementation of MO HealthNet Managed Care.
- Upper Payment Limit - An annual payment to hospitals for the costs of services to the uninsured not reimbursed through uninsured add-on payments.
- Enhanced GME - An annual payment to hospitals for Graduate Medical Education (GME) cost inflation not reimbursed in either the per diem or the Direct MO HealthNet payments.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.453; Federal law: Social Security Act Section 1903(w); Federal Regulation: 42 CFR 443 Subpart B.

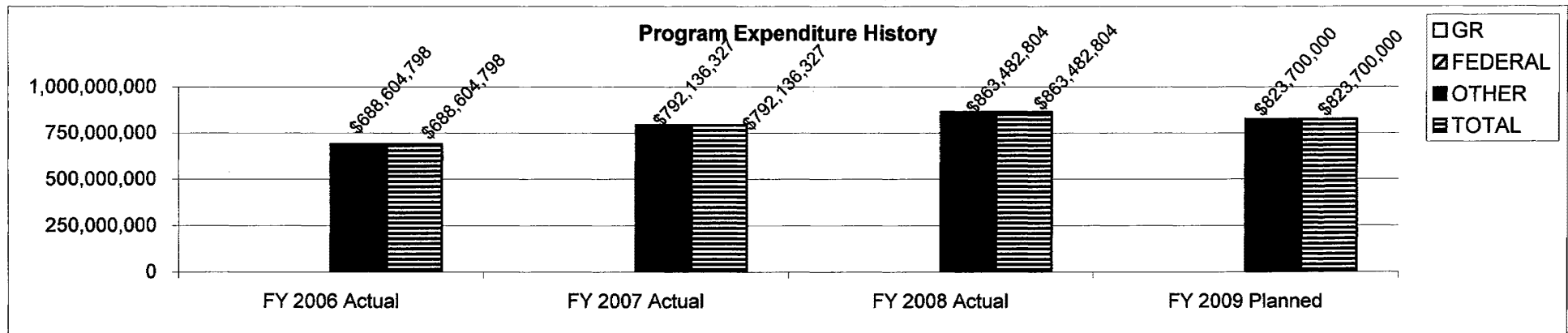
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%. The hospital assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

7a. Provide an effectiveness measure.

FRA as a Funding Source in the Various Appropriations	SFY			
	2006	2007	2008	2009
Managed Care	\$109,064,837	\$109,065,009	\$109,065,009	\$109,065,009
Hospital	\$129,642,328	\$129,642,328	\$115,267,390	\$132,967,390
Women's Health Services (1115-Adult)	\$167,756	\$167,756	\$167,756	\$167,756
SCHIP (1115 Waiver-Children)	\$7,719,204	\$7,719,204	\$7,719,204	\$7,719,204
Revenue Max Admin	\$91,514	\$94,850	\$97,453	\$100,133

7b. Provide an efficiency measure.

FRA Tax Assessments Revenues Obtained	
SFY	
2006	\$764.3 mil
2007	\$825.1 mil
2008	\$864.6 mil
2009	\$823.7 mil estimated
2010	\$852.4 mil estimated
2011	\$852.4 mil estimated

7c. Provide the number of clients/individuals served, if applicable.

FRA payments are made on behalf of MO HealthNet participants and the uninsured accessing hospital services.

7d. Provide a customer satisfaction measure, if available.

NEW DECISION ITEM

RANK: 49

Department: Social Services

Division: MO HealthNet

DI Name: Federal Reimbursement Allowance

Budget Unit: 90503C

DI#: 1886048

1. AMOUNT OF REQUEST

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD			100,400,000	100,400,000
TRF				
Total			100,400,000	100,400,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (0142)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD			100,400,000	100,400,000
TRF				
Total			100,400,000	100,400,000
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (0142)

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Increase Budget Authority	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI synopsis: This funding is requested to increase budget authority to align the Federal Reimbursement Allowance (FRA) budget section with estimated expenditures.

Providing health care services in the most efficient manner helps maintain quality of services and access to those services. In addition, the cost of health care continues to increase dramatically due to inflation, utilization of health care services and in the number of individuals accessing these services. Continued federal scrutiny of Medicaid funding increases the state's need to control costs while ensuring access to quality health care. To ensure that recipients receive quality care and to control the use of state funds, the Federal Reimbursement Allowance (FRA) program provides payments (as a general revenue equivalent) for hospital services under Title XIX of the Social Security Act.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

It is estimated that almost \$852.4 million will be paid from the FRA appropriation. The FRA Core is \$752 million with an "E". An additional \$100.4 million is requested to align the estimated appropriation with planned expenditures.

FY 10 Payment	\$852,400,000
FY 09 Appropriation	\$752,000,000
Request	\$100,400,000

	Total	Other	Federal
Total request	\$100,400,000	\$100,400,000	\$0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions					100,400,000		100,400,000		
Total PSD	0		0		100,400,000		100,400,000		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	100,400,000	0.0	100,400,000	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions					100,400,000		100,400,000		
Total PSD	0		0		100,400,000		100,400,000		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	100,400,000	0.0	100,400,000	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

FRA as a Funding Source in the Various Appropriations	SFY			
	2006	2007	2008	2009
Managed Care	\$109,064,837	\$109,065,009	\$109,065,009	\$109,065,009
Hospital	\$129,642,328	\$129,642,328	\$115,267,390	\$132,967,390
Women's Health Services (1115-Adult)	\$167,756	\$167,756	\$167,756	\$167,756
S-CHIP (1115 Waiver-Children)	\$7,719,204	\$7,719,204	\$7,719,204	\$7,719,204
Revenue Max Admin	\$91,514	\$94,850	\$97,453	\$100,133

6b. Provide an efficiency measure.

FRA Tax Assessments Revenues Obtained	
SFY	
2006	\$764.3 mil
2007	\$825.1 mil
2008	\$864.6 mil
2009	\$823.7 mil estimated
2010	\$852.4 mil estimated
2011	\$852.4 mil estimated

6c. Provide the number of clients/individuals served, if applicable.

Participants:

FRA payments are made on behalf of MO HealthNet participants and the uninsured accessing hospital services.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMB ALLOWANCE								
Federal Reimbursement Allowanc - 1886048								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	100,400,000	0.00	100,400,000	0.00
TOTAL - PD	0	0.00	0	0.00	100,400,000	0.00	100,400,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$100,400,000	0.00	\$100,400,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$100,400,000	0.00	\$100,400,000	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	546,770	0.00	1,416,441	0.00	1,245,779	0.00	1,245,779	0.00
TITLE XIX-FEDERAL AND OTHER	1,950,963	0.00	11,512,178	0.00	11,512,178	0.00	11,512,178	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	167,756	0.00	167,756	0.00	167,756	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	30,411	0.00	30,411	0.00	30,411	0.00
TOTAL - PD	2,497,733	0.00	13,126,786	0.00	12,956,124	0.00	12,956,124	0.00
TOTAL	2,497,733	0.00	13,126,786	0.00	12,956,124	0.00	12,956,124	0.00
Pharmacy PMPM Increase - 1886015								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	18,623	0.00	18,623	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	150,677	0.00	150,677	0.00
TOTAL - PD	0	0.00	0	0.00	169,300	0.00	169,300	0.00
TOTAL	0	0.00	0	0.00	169,300	0.00	169,300	0.00
FMAP adjustment - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	170,662	0.00	170,662	0.00
TOTAL - PD	0	0.00	0	0.00	170,662	0.00	170,662	0.00
TOTAL	0	0.00	0	0.00	170,662	0.00	170,662	0.00
Ambulance Rate Increase - 1886008								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	84,662	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	148,695	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	233,357	0.00	0	0.00
TOTAL	0	0.00	0	0.00	233,357	0.00	0	0.00
Physician-Related Svc Rate Inc - 1886042								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	123,405	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
WOMEN'S HEALTH SRVC									
Physician-Related Svc Rate Inc - 1886042									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	998,455	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,121,860	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,121,860	0.00	0	0.00	
GRAND TOTAL	\$2,497,733	0.00	\$13,126,786	0.00	\$14,651,303	0.00	\$13,296,086	0.00	

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Women's Health Services

Budget Unit: 90554C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request					FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD	1,245,779	11,512,178	198,167	12,956,124	PSD	1,245,779	11,512,178	198,167	12,956,124
TRF					TRF				
Total	1,245,779	11,512,178	198,167	12,956,124	Total	1,245,779	11,512,178	198,167	12,956,124
FTE				0.00	FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
Pharmacy Reimbursement Allowance Fund (0144)

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
Pharmacy Reimbursement Allowance Fund (0144)

Note: An "E" is requested for Federal Fund authority for \$1 Local Initiatives.

Note: An "E" is requested for Federal Fund authority for \$1 Local Initiatives.

2. CORE DESCRIPTION

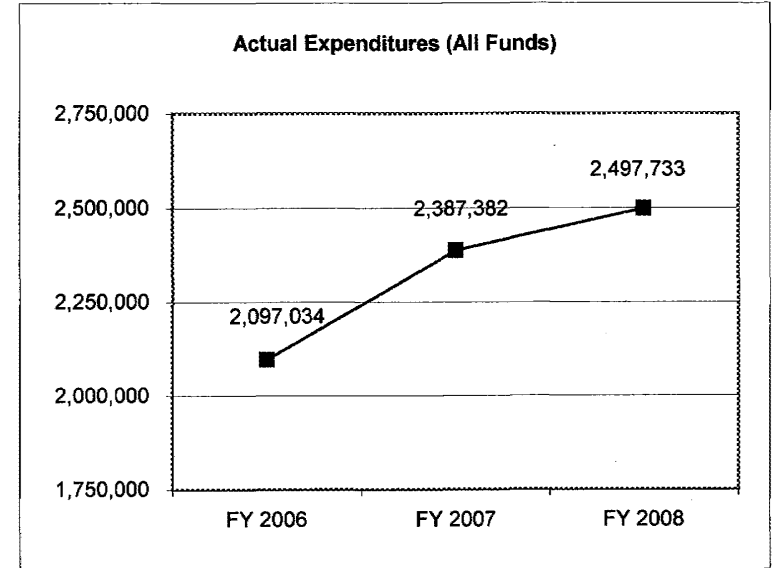
This core request is for ongoing funding for health care services provided to MO HealthNet participants covered through the 1115 Waiver. Funding for this core is used to provide coverage for women's health services.

3. PROGRAM LISTING (list programs included in this core funding)

Health Care Access - 1115 Waiver Adults

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	2,720,243	2,594,128	2,977,449	13,126,786
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	2,720,243	2,594,128	2,977,449	N/A
Actual Expenditures (All Funds)	2,097,034	2,387,382	2,497,733	N/A
Unexpended (All Funds)	623,209	206,746	479,716	N/A
Unexpended, by Fund:				
General Revenue	176,332	4,190	281,548	N/A
Federal	417,324	4,389	1	N/A
Other	29,553	198,167	198,167	N/A
	(1)		(2)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Lapse of \$176,332 in GR is agency reserve; \$417,324 in Federal; and \$29,553 in FRA. SB 539 eliminated the remaining year of Transitional Medical Assistance.

(2) Lapse of \$30,411 in Other is agency reserve. Expenditures of \$577,544 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

WOMEN'S HEALTH SRVC

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		PD	0.00	1,416,441	11,512,178	198,167	13,126,786	
		Total	0.00	1,416,441	11,512,178	198,167	13,126,786	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1234 4511	PD	0.00	(170,662)	0	0	(170,662)	FMAP adjustment
NET DEPARTMENT CHANGES			0.00	(170,662)	0	0	(170,662)	
DEPARTMENT CORE REQUEST								
		PD	0.00	1,245,779	11,512,178	198,167	12,956,124	
		Total	0.00	1,245,779	11,512,178	198,167	12,956,124	
GOVERNOR'S RECOMMENDED CORE								
		PD	0.00	1,245,779	11,512,178	198,167	12,956,124	
		Total	0.00	1,245,779	11,512,178	198,167	12,956,124	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
CORE								
PROGRAM DISTRIBUTIONS	2,497,733	0.00	13,126,786	0.00	12,956,124	0.00	12,956,124	0.00
TOTAL - PD	2,497,733	0.00	13,126,786	0.00	12,956,124	0.00	12,956,124	0.00
GRAND TOTAL	\$2,497,733	0.00	\$13,126,786	0.00	\$12,956,124	0.00	\$12,956,124	0.00
GENERAL REVENUE	\$546,770	0.00	\$1,416,441	0.00	\$1,245,779	0.00	\$1,245,779	0.00
FEDERAL FUNDS	\$1,950,963	0.00	\$11,512,178	0.00	\$11,512,178	0.00	\$11,512,178	0.00
OTHER FUNDS	\$0	0.00	\$198,167	0.00	\$198,167	0.00	\$198,167	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Women's Health Services

Program is found in the following core budget(s): Women's Health Services

1. What does this program do?

PROGRAM SYNOPSIS: Provides funding for health care services to MO HealthNet clients covered by the 1115 waiver. Clients that are covered through the 1115 waiver receive Women's Health Services.

Under the 1115 Waiver, uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months). Legislation passed in FY 07 (SB 577) allows for the expansion of these services to uninsured women who are 18 to 55 years of age, have a net family income of at or below 185% FPL, with assets totaling less than \$250,000 and have no access to employer-sponsored health insurance. Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Drugs, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements.)

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.040 and 208.151; Federal law: Social Security Act Sections 1115 and 1923(a)-(f); Federal Regulations: 42 CFR 433 Subpart B and 412.106.

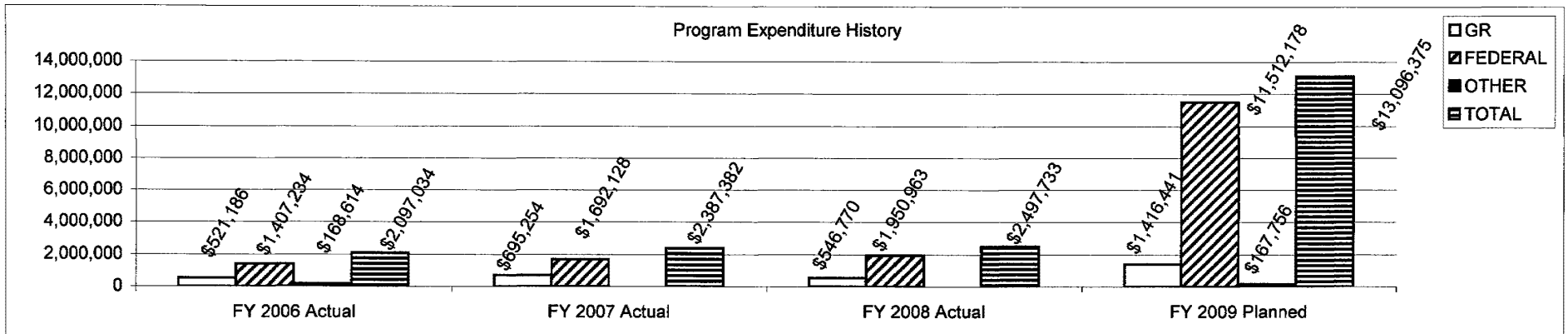
3. Are there federal matching requirements? If yes, please explain.

Most of the Women's Health Services are eligible for an enhanced 90% federal match, requiring a state match of only 10%. The remaining services are matched at the federal medical assistance percentage (FMAP) calculated for MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's FMAP for FY09 for these remaining services is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

The Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144).

7a. Provide an effectiveness measure.

Number of Averted Pregnancies for Participants	
SFY	Number
2006	590
2007	548
2008	2,159
2009	3,905
2010	4,233

The Women's Health Access program provides family planning services to women assisting them in avoiding unintended pregnancy. The waiver that allows for these services expires in 2010 therefore projections are not made beyond that year.

7b. Provide an efficiency measure.

Cost per User			
SFY	Annual Expenditures	Number of Users	Cost per User
2006	\$2,095,296	30,362	\$68.40
2007	\$2,424,244	37,136	\$65.28
2008	\$3,147,616	44,067	\$71.43

7c. Provide the number of clients/individuals served, if applicable.

* SB 577 (FY07) provided for an expansion of Women's Health Services to women 18 to 55 years of age with a net family income of 185% FPL or below, with assets less than \$250,000 and with no access to employer sponsored insurance. Approximately 82,571 additional women are expected to receive services due to this expansion, if additional funding is appropriated to cover this group.

Women's Health Services Recipients		
SFY	Actual	Projected
2006	12,279	
2007	17,054	
2008	19,425	17,054
2009		98,842*
2010		98,842
2011		98,842

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	20,342,170	0.00	30,074,487	0.00	29,805,247	0.00	29,203,049	0.00
TITLE XIX-FEDERAL AND OTHER	80,819,617	0.00	136,877,562	0.00	136,877,562	0.00	136,877,562	0.00
PHARMACY REBATES	225,430	0.00	225,430	0.00	225,430	0.00	225,430	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	201,394	0.00	201,394	0.00	201,394	0.00
MO HEALTHNET MANAGED CARE ORG	959,577	0.00	1,071,200	0.00	557,581	0.00	267,800	0.00
HEALTH INITIATIVES	5,375,576	0.00	5,375,576	0.00	5,375,576	0.00	5,375,576	0.00
PREMIUM	1,747,864	0.00	6,000,000	0.00	6,000,000	0.00	2,592,452	0.00
TOTAL - PD	109,470,234	0.00	187,544,853	0.00	186,761,994	0.00	182,462,467	0.00
TOTAL	109,470,234	0.00	187,544,853	0.00	186,761,994	0.00	182,462,467	0.00
Mgd Care Provider Tax Replacem - 1886019								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	513,619	0.00	513,619	0.00
TOTAL - PD	0	0.00	0	0.00	513,619	0.00	513,619	0.00
TOTAL	0	0.00	0	0.00	513,619	0.00	513,619	0.00
Managed Care Inflation - 1886014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,296,057	0.00	1,279,219	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,806,531	0.00	3,823,369	0.00
TOTAL - PD	0	0.00	0	0.00	5,102,588	0.00	5,102,588	0.00
TOTAL	0	0.00	0	0.00	5,102,588	0.00	5,102,588	0.00
Pharmacy PMPM Increase - 1886015								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	715,513	0.00	706,217	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,101,469	0.00	2,110,765	0.00
TOTAL - PD	0	0.00	0	0.00	2,816,982	0.00	2,816,982	0.00
TOTAL	0	0.00	0	0.00	2,816,982	0.00	2,816,982	0.00

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DECISION ITEM SUMMARY

Budget Unit		FY 2008		FY 2009		FY 2010		FY 2010	
Decision Item		FY 2008		FY 2009		FY 2010		FY 2010	
Budget Object Summary		ACTUAL		BUDGET		DEPT REQ		DEPT REQ	
Fund		DOLLAR		DOLLAR		DOLLAR		GOV REC	
		FTE		FTE		FTE		FTE	
CHILDREN'S HEALTH INS PROGRAM									
FMAP adjustment - 1886020									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	269,240	0.00	871,438	0.00
TOTAL - PD		0	0.00	0	0.00	269,240	0.00	871,438	0.00
TOTAL		0	0.00	0	0.00	269,240	0.00	871,438	0.00
Ambulance Rate Increase - 1886008									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	126,875	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	372,634	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	499,509	0.00	0	0.00
TOTAL		0	0.00	0	0.00	499,509	0.00	0	0.00
Audiology Rate Increase - 1886037									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	3,541	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	10,401	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	13,942	0.00	0	0.00
TOTAL		0	0.00	0	0.00	13,942	0.00	0	0.00
Dental Rate Increase - 1886038									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	421,164	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER		0	0.00	0	0.00	1,236,961	0.00	0	0.00
TOTAL - PD		0	0.00	0	0.00	1,658,125	0.00	0	0.00
TOTAL		0	0.00	0	0.00	1,658,125	0.00	0	0.00
Durable Med Equipment Rate Inc - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE		0	0.00	0	0.00	26,328	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
CHILDREN'S HEALTH INS PROGRAM									
Durable Med Equipment Rate Inc - 1886039									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	77,326	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	103,654	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	103,654	0.00	0	0.00	
Optical Rate Increase - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	44,146	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	129,658	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	173,804	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	173,804	0.00	0	0.00	
Therapies Rehab Ctr Rate Inc - 1886041									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	12,614	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	37,047	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	49,661	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	49,661	0.00	0	0.00	
Physician-Related Svc Rate Inc - 1886042									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	773,788	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,272,622	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,046,410	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,046,410	0.00	0	0.00	
Coverage Expansion -Children - 1886054									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	13,592,603	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	42,043,343	0.00	

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Coverage Expansion -Children - 1886054								
PROGRAM-SPECIFIC								
PREMIUM	0	0.00	0	0.00	0	0.00	474,214	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	56,110,160	0.00
TOTAL	0	0.00	0	0.00	0	0.00	56,110,160	0.00
GRAND TOTAL	\$109,470,234	0.00	\$187,544,853	0.00	\$201,009,528	0.00	\$247,877,254	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: SCHIP

Budget Unit: 90556C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	29,805,247	136,877,562	20,079,185	186,761,994
TRF				
Total	29,805,247	136,877,562	20,079,185	186,761,994

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
Medicaid Managed Care Org Reimb Allowance Fund (0160)
Health Initiatives Fund (HIF) (0275)
Pharmacy Rebates Fund (0114)
Pharmacy Reimbursement Allowance Fund (0144)
Premium Fund (0885)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	29,203,049	136,877,562	16,381,856	182,462,467
TRF				
Total	29,203,049	136,877,562	16,381,856	182,462,467

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
Medicaid Managed Care Org Reimb Allowance Fund (0160)
Health Initiatives Fund (HIF) (0275)
Pharmacy Rebates Fund (0114)
Pharmacy Reimbursement Allowance Fund (0144)
Premium Fund (0885)

2. CORE DESCRIPTION

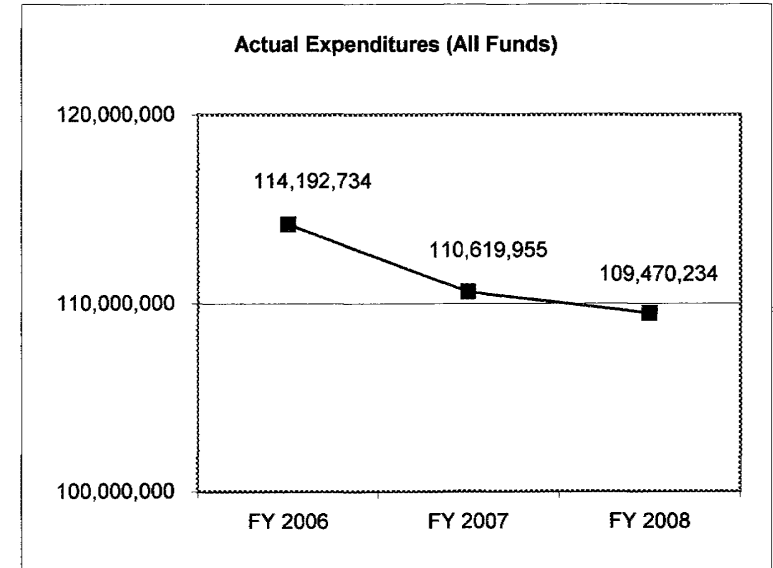
This core request is for ongoing funding for health care services provided to MO HealthNet clients covered through the 1115 Waiver. The State Children's Health Insurance Program (SCHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Funding for this core is used to provide coverage for uninsured children.

3. PROGRAM LISTING (list programs included in this core funding)

State Children's Health Insurance Program (SCHIP)

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	137,716,363	146,574,262	163,842,163	187,544,853
Less Reverted (All Funds)	(156,113)	(161,267)	0	N/A
Budget Authority (All Funds)	137,560,250	146,412,995	163,842,163	N/A
Actual Expenditures (All Funds)	114,192,734	110,619,955	109,470,234	N/A
Unexpended (All Funds)	23,367,516	35,793,040	54,371,929	N/A
Unexpended, by Fund:				
General Revenue	0	0	6,662,085	N/A
Federal	14,544,675	21,688,675	35,425,487	N/A
Other	8,822,841	14,104,365	12,284,357	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Agency reserve of \$4,105,257 is excess Premium Fund authority. Lapses of \$3,572,226 in HIF; \$14,544,674 in Federal; \$899,340 in FRA; \$179,490 in MC-Reimbursement Allowance and \$66,528 in Premium Fund due to SB 539 changes in S-CHIP premium structure.

(2) Agency reserve of \$4,185,455 is excess Premium Fund authority.

(3) Agency reserve of \$4,549,005: \$201,394 in Pharmacy Reimbursement Allowance, \$95,475 in MC-Reimbursement Allowance and \$4,252,136 in Premium Fund.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES CHILDREN'S HEALTH INS PROGRAM

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	PD		0.00	30,074,487	136,877,562	20,592,804	187,544,853	
	Total		0.00	30,074,487	136,877,562	20,592,804	187,544,853	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1140 2866	PD	0.00	(269,240)	0	0	(269,240)	FMAP adjustment
Core Reduction	1496 1036	PD	0.00	0	0	(513,619)	(513,619)	Core cut 9 months of Managed Care FRA profit as the tax is unallowable effective FFY 2010
NET DEPARTMENT CHANGES			0.00	(269,240)	0	(513,619)	(782,859)	
DEPARTMENT CORE REQUEST								
	PD		0.00	29,805,247	136,877,562	20,079,185	186,761,994	
	Total		0.00	29,805,247	136,877,562	20,079,185	186,761,994	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1140 2866	PD	0.00	(602,198)	0	0	(602,198)	FMAP adjustment
Core Reduction	2523 1036	PD	0.00	0	0	(289,781)	(289,781)	
Core Reduction	2789 2872	PD	0.00	0	0	(3,000,000)	(3,000,000)	
Core Reduction	3112 2872	PD	0.00	0	0	(407,548)	(407,548)	
NET GOVERNOR CHANGES			0.00	(602,198)	0	(3,697,329)	(4,299,527)	
GOVERNOR'S RECOMMENDED CORE								
	PD		0.00	29,203,049	136,877,562	16,381,856	182,462,467	
	Total		0.00	29,203,049	136,877,562	16,381,856	182,462,467	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	109,470,234	0.00	187,544,853	0.00	186,761,994	0.00	182,462,467	0.00
TOTAL - PD	109,470,234	0.00	187,544,853	0.00	186,761,994	0.00	182,462,467	0.00
GRAND TOTAL	\$109,470,234	0.00	\$187,544,853	0.00	\$186,761,994	0.00	\$182,462,467	0.00
GENERAL REVENUE	\$20,342,170	0.00	\$30,074,487	0.00	\$29,805,247	0.00	\$29,203,049	0.00
FEDERAL FUNDS	\$80,819,617	0.00	\$136,877,562	0.00	\$136,877,562	0.00	\$136,877,562	0.00
OTHER FUNDS	\$8,308,447	0.00	\$20,592,804	0.00	\$20,079,185	0.00	\$16,381,856	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: State Children's Health Insurance Program (SCHIP)

Program is found in the following core budget(s): State Children's Health Insurance Program (SCHIP)

1. What does this program do?

PROGRAM SYNOPSIS: Provides for eligibility for health care services to MO HealthNet clients covered through the State Children's Health Insurance Program (SCHIP) State Plan Amendment. SCHIP provides coverage to uninsured children above existing MO HealthNet eligibility limits up to 300% of poverty.

The State Children's Health Insurance Program (Title XXI) is integrated into Missouri's expanded MO HealthNet coverage. This integration was made possible through the passage of Senate Bill 632 of the second regular session of the 89th General Assembly (1998). Senate Bill 632 expanded the MO HealthNet program for children with family incomes from 200% to 300% of the federal poverty level.

Using SCHIP, Missouri continues its commitment to improve medical care for its low income children by increasing their access to comprehensive medical services.

Eligible children must be under age 19, have a family income below 300% of the federal poverty level, be uninsured for six months or more, and have no access to other health insurance coverage for less than \$66 to \$165 per month based on family size and income. Any child identified as having special health care needs (defined as a condition which left untreated would result in the death or serious physical injury of a child) who does not have access to affordable employer-subsidized health care insurance will not be required to be without health care coverage for six months in order to be eligible for services. They are also not subject to the waiting period as long as the child meets all other qualifications for eligibility.

Uninsured children with family income less than 151% FPL receive a package of benefits equal to MO HealthNet coverage. Uninsured children with family income more than 151% FPL receive a package of benefits equal to MO HealthNet coverage, without non-emergency medical transportation. Parents of children eligible for coverage above 150% and below 300% of the federal poverty level must show parental responsibility through the following:

- participation in immunization and wellness programs;
- furnishing the uninsured child's social security number;
- cooperation with third party insurance carriers;
- cooperation in child support cases; and
- sharing in their children's health care costs through premiums.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.631 through 208.657; Federal law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457

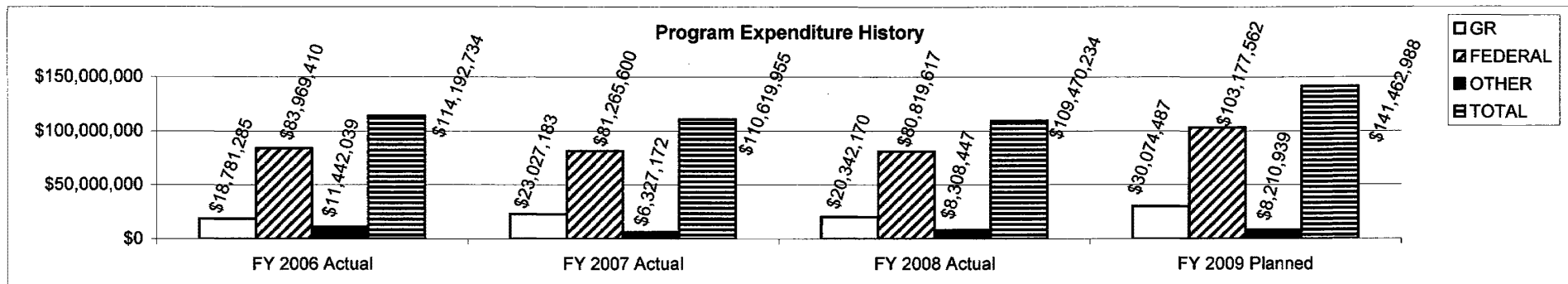
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's enhanced SCHIP FMAP for FY09 was a blended 74.10% federal match. The state matching requirement for the SCHIP program is 25.90%.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Pharmacy Rebates Fund (0114), Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144), Health Initiatives Fund (0275), Premium Fund (0885), Medicaid Managed Care Organization Reimbursement Allowance Fund (0160).

7a. Provide an effectiveness measure.

7b. Provide an efficiency measure.

7c. Provide the number of clients/individuals served, if applicable.

Participants:

Children above existing Title XIX
Medicaid eligibility up to 300% of
poverty.

Children Receiving Services by Percent of Federal Poverty Level								
SFY	101-150%		151-185%		186-225%		226-300%*	
	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected
2006	41,396		11,789		6,603		2,141	
2007	42,277		12,490		6,615		1,987	
2008	37,893	42,277	11,235	16,152	5,966	7,195	2,126	4,094
2009		37,893		11,235		5,966		2,126
2010		37,893		11,235		5,966		2,126
2011		37,893		11,235		5,966		2,126

*Reflects only those paying a premium. As of September, 2005 premiums are required from families with income from 151-300% FPL.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM-SPECIFIC								
NURSING FACILITY FED REIM ALLW	202,697,201	0.00	213,840,231	0.00	213,840,231	0.00	213,840,231	0.00
TOTAL - PD	202,697,201	0.00	213,840,231	0.00	213,840,231	0.00	213,840,231	0.00
TOTAL	202,697,201	0.00	213,840,231	0.00	213,840,231	0.00	213,840,231	0.00
GRAND TOTAL	\$202,697,201	0.00	\$213,840,231	0.00	\$213,840,231	0.00	\$213,840,231	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Budget Unit: 90567C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				FY 2010 Governor's Recommendation			
GR	Federal	Other	Total	GR	Federal	Other	Total
PS				PS			
EE				EE			
PSD		213,840,231	213,840,231	PSD		213,840,231	213,840,231
TRF				TRF			
Total		213,840,231	213,840,231	Total		213,840,231	213,840,231
FTE			0.00	FTE			0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Nursing Facility Federal Reimb Allowance Fund (NFRA) (0196)

Other Funds: Nursing Facility Federal Reimb Allowance Fund (NFRA) (0196)

Note: An "E" is requested for the Nursing Facility Federal Reimbursement Allowance Fund

Note: An "E" is requested for the Nursing Facility Federal Reimbursement Allowance Fund

2. CORE DESCRIPTION

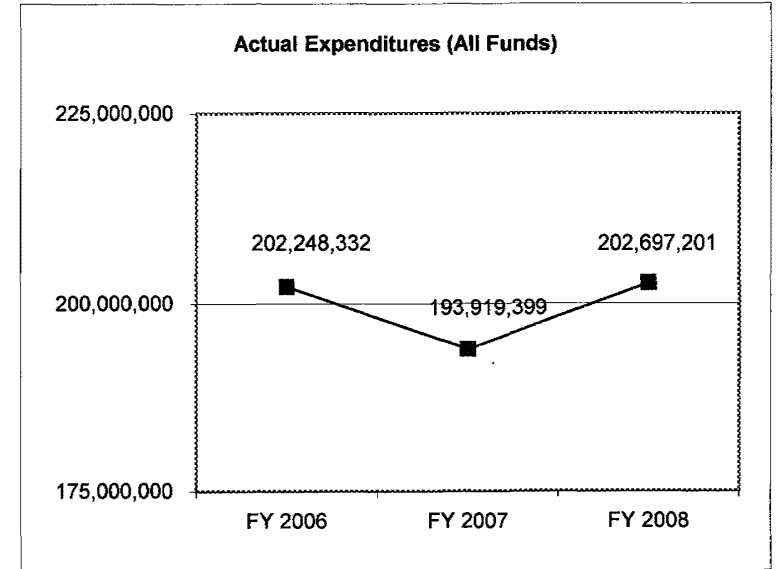
This core request is for ongoing funding for payments for long term care for Title XIX participants. Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the Nursing Facility Federal Reimbursement Allowance under the Title XIX of the Social Security Act as General Revenue equivalent. Nursing facilities are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal dollars. These earnings fund this NFRA program appropriation.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Federal Reimbursement Allowance (NFFRA) Program

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	217,000,000	217,000,000	213,840,231	213,840,231
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	217,000,000	217,000,000	213,840,231	N/A
Actual Expenditures (All Funds)	202,248,332	193,919,399	202,697,201	N/A
Unexpended (All Funds)	14,751,668	23,080,601	11,143,030	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	14,751,668	23,080,601	11,143,030	N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Lapse of \$12,751,668 is excess authority.

(2) Lapse of \$23,080,601 is excess authority.

(3) Lapse of \$11,143,030 is excess authority.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

NURSING FACILITY FED REIMB AL

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	213,840,231	213,840,231	
	Total	0.00	0	0	213,840,231	213,840,231	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	213,840,231	213,840,231	
	Total	0.00	0	0	213,840,231	213,840,231	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	213,840,231	213,840,231	
	Total	0.00	0	0	213,840,231	213,840,231	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	202,697,201	0.00	213,840,231	0.00	213,840,231	0.00	213,840,231	0.00
TOTAL - PD	202,697,201	0.00	213,840,231	0.00	213,840,231	0.00	213,840,231	0.00
GRAND TOTAL	\$202,697,201	0.00	\$213,840,231	0.00	\$213,840,231	0.00	\$213,840,231	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$202,697,201	0.00	\$213,840,231	0.00	\$213,840,231	0.00	\$213,840,231	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

1. What does this program do?

PROGRAM SYNOPSIS: Provides enhanced payments for long-term care for MO HealthNet participants.

The NFFRA program assesses nursing facilities in the state a fee for the privilege of doing business in the state. The funds collected by the state are used to fund the MO HealthNet Nursing Facility program and are used as state match for federal funding. In FY 08, approximately 530 nursing facilities were assessed, and an average of 500 nursing facilities participated in the MO HealthNet program and received enhanced reimbursement. The current NFFRA fee is \$8.42 per patient occupancy day.

In FY95, the Nursing Facilities Federal Reimbursement Allowance program was implemented as part of a total restructuring of reimbursement for nursing homes. Reimbursement methodologies were changed to develop a cost component system. The components are patient care, ancillary, administration, and capital. A working capital allowance, incentives and the Nursing Facility Reimbursement Allowance (NFRA) are also elements of the total reimbursement rate. Patient care includes nursing, medical supplies, activities, social services, and dietary costs. Ancillary services are therapies, barber and beauty shop, laundry, and housekeeping. Administration includes plant operation costs and administrative costs. Capital costs are reimbursed through a fair rental value methodology. The capital component includes five types of costs: rental value, return, computed interest, borrowing costs and pass through expenses. Property insurance and real estate & personal property taxes (the pass through expenses) are the only part of the capital component that is trended. The working capital allowance per diem rate is equal to 1.1 months of the total of the facility's per diem rates for the patient care, ancillary and administration cost components times the prime rate plus 2%. Incentives are paid to encourage patient care expenditures and cost efficiencies in administration. The patient care incentive is 10% of a facility's patient care per diem up to a maximum of 130% of the patient care median. The ancillary incentive is paid to all facilities whose costs are below the ancillary ceiling. The amount is one-half the difference between certain parameters. The multiple component incentive is allowed for facilities whose patient care and ancillary per diem are between 60 - 80% of total per diem and an additional amount is allowed for facilities with high MO HealthNet utilization.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 198.401; Federal law: Social Security Action Section 1903(w); Federal Regulation: 42 CFR 443, Subpart B

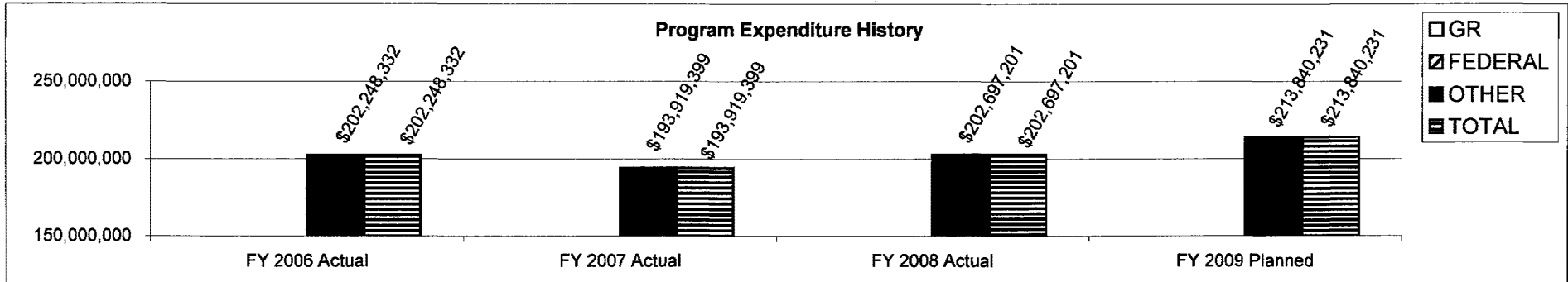
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY09 is a blended 63% federal match. The state matching requirement is 37%. The nursing facility assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Nursing Facility Federal Reimbursement Allowance Fund (0196)

7a. Provide an effectiveness measure.

Nursing Facility Occupancy		
SFY	Actual	Projected
2006	72.6%	72.8%
2007	72.5%	72.6%
2008	71.7%	72.6%
2009		72.7%
2010		72.8%
2011		72.9%

7b. Provide an efficiency measure.

NFRA Tax Assessments Revenues Obtained		
SFY	Actual	Projected
2006	\$127.7 mil	
2007	\$128.3 mil	
2008	\$127.6 mil	
2009		\$128.5 mil
2010		\$128.3 mil
2011		\$128.4 mil

7c. Provide the number of clients/individuals served, if applicable.

Average Monthly MO HealthNet Nursing Facility Users		
SFY	Actual	Projected
2006	24,842	24,500
2007	24,395	26,447
2008	24,505	25,000
2009		25,500
2010		26,000
2011		26,500

Paid Patient Days		
SFY	Actual	Projected
2006	8.8 mil	9.0 mil
2007	8.5 mil	8.8 mil
2008	8.4 mil	8.7 mil
2009		8.5 mil
2010		8.6 mil
2011		8.7 mil

Eligibles: Nursing Facility Federal Reimbursement Allowance (NFFRA) payments are made on behalf of MO HealthNet eligibles for long-term care services.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DESE SERVICES								
CORE								
EXPENSE & EQUIPMENT								
TITLE XIX-FEDERAL AND OTHER	1,039,491	0.00	2,125,000	0.00	0	0.00	0	0.00
TOTAL - EE	1,039,491	0.00	2,125,000	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE								
TITLE XIX-FEDERAL AND OTHER	22,612,017	0.00	31,174,954	0.00	33,299,954	0.00	33,299,954	0.00
TOTAL - PD	22,681,971	0.00	31,244,908	0.00	33,369,908	0.00	33,369,908	0.00
TOTAL	23,721,462	0.00	33,369,908	0.00	33,369,908	0.00	33,369,908	0.00
GRAND TOTAL	\$23,721,462	0.00	\$33,369,908	0.00	\$33,369,908	0.00	\$33,369,908	0.00

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CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Department of Elementary and Secondary Education (DESE) Services

Budget Unit: 90569C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	69,954	33,299,954		33,369,908 E
TRF				
Total	69,954	33,299,954		33,369,908 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

Note: An "E" is requested for the \$33,299,954 Federal Fund authority.

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	69,954	33,299,954		33,369,908 E
TRF				
Total	69,954	33,299,954		33,369,908 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

Note: An "E" is requested for the \$33,299,954 Federal Fund authority.

2. CORE DESCRIPTION

This core request is for the ongoing funding for payments for school-based administrative and school-based EPSDT services.

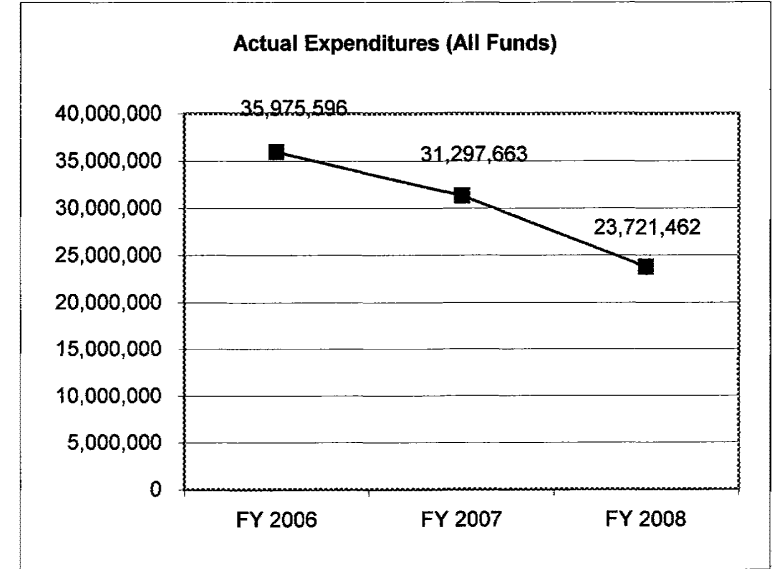
A goal of the MO HealthNet program is for each child to be healthy. The purpose of the services provided by the school is to ensure a comprehensive, preventative health care program for MO HealthNet eligible children. The program provides early and periodic (EPSDT) medical/dental screenings, diagnosis and treatment to correct or improve defects and chronic conditions found during the screenings.

3. PROGRAM LISTING (list programs included in this core funding)

DESE Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	33,369,908	33,369,908	33,369,908	33,369,908 E
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	33,369,908	33,369,908	33,369,908	N/A
Actual Expenditures (All Funds)	35,975,596	31,297,663	23,721,462	N/A
Unexpended (All Funds)	(2,605,688)	2,072,245	9,648,446	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	(2,605,688)	2,072,245	9,648,446	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

Estimated "E" appropriations for Federal Fund for FY 2006 through FY 2009.

(1) Expenditures of \$30,960 were paid from the Supplemental Pool.

(2) Expenditures of \$37,099 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

DESE SERVICES

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	0	2,125,000	0	2,125,000	
		PD	0.00	69,954	31,174,954	0	31,244,908	
		Total	0.00	69,954	33,299,954	0	33,369,908	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	391 6226	EE	0.00	0	(2,125,000)	0	(2,125,000)	
Core Reallocation	391 6226	PD	0.00	0	2,125,000	0	2,125,000	
NET DEPARTMENT CHANGES			0.00	0	0	0	0	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	0	0	0	
		PD	0.00	69,954	33,299,954	0	33,369,908	
		Total	0.00	69,954	33,299,954	0	33,369,908	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	0	0	0	
		PD	0.00	69,954	33,299,954	0	33,369,908	
		Total	0.00	69,954	33,299,954	0	33,369,908	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DESE SERVICES								
CORE								
PROFESSIONAL SERVICES	1,039,491	0.00	2,125,000	0.00	0	0.00	0	0.00
TOTAL - EE	1,039,491	0.00	2,125,000	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	22,681,971	0.00	31,244,908	0.00	33,369,908	0.00	33,369,908	0.00
TOTAL - PD	22,681,971	0.00	31,244,908	0.00	33,369,908	0.00	33,369,908	0.00
GRAND TOTAL	\$23,721,462	0.00	\$33,369,908	0.00	\$33,369,908	0.00	\$33,369,908	0.00
GENERAL REVENUE	\$69,954	0.00	\$69,954	0.00	\$69,954	0.00	\$69,954	0.00
FEDERAL FUNDS	\$23,651,508	0.00	\$33,299,954	0.00	\$33,299,954	0.00	\$33,299,954	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Department of Elementary and Secondary Education (DESE) Services

Program is found in the following core budget(s): Department of Elementary and Secondary Education (DESE) Services

1. What does this program do?

PROGRAM SYNOPSIS: Provides funding for payments for school-based administrative services and school-based EPSDT services.

The Department of Elementary and Secondary Education (DESE) Services core appropriation provides funding for payment for school-district administrative claiming and school-based EPSDT services consisting of physical, occupational, and speech therapy services and psychology counseling for school age children. An interagency agreement is in place between the MO HealthNet Division and the DESE so that cooperative efforts are utilized to provide the most efficient administration of the school-based EPSDT services for children within the school system. The provision of school-based EPSDT services by DESE expands MO HealthNet EPSDT services and has been determined to be an effective method of coordinating services and improving care associated with providing identified services which are medically necessary and MO HealthNet covered services. The federal share of expenditures for these services provided by DESE are being paid through this appropriation.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

The authority for this appropriation is the authority associated with the services reflected above.

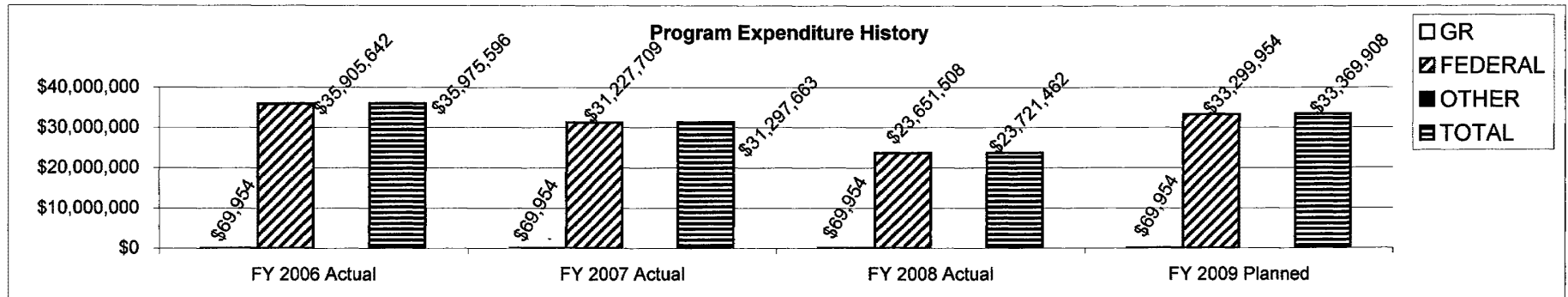
3. Are there federal matching requirements? If yes, please explain.

MO HealthNet administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn \$0.50 in federal funding. States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 09 is a blended 63% federal match. The state matching requirement is 37%.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

Increase the provision of medically necessary services to MO HealthNet eligible children as provided through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) by 42 CFR 441 Subpart B.

EPSDT Participant Ratio		
FFY	Actual	Projected
2006	68%	
2007	69%	
2008	69%	
2009		69%
2010		70%
2011		70%

7b. Provide an efficiency measure.

Participating School Districts		
SFY	Actual	Projected
2006	375	
2007	385	380
2008	395	411
2009		431
2010		441
2011		450

7c. Provide the number of clients/individuals served, if applicable.

Participating School Districts		
SFY	Actual	Projected
2006	375	
2007	385	380
2008	395	411
2009		431
2010		441
2011		450

Any school district in the state may participate.

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	221,350	0.00	2	0.00	150,000	0.00	150,000	0.00
HEALTH INITIATIVES	18,750	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	240,100	0.00	2	0.00	150,000	0.00	150,000	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	26,622,709	0.00	29,346,159	0.00	29,196,161	0.00	29,196,161	0.00
PHARMACY REIMBURSEMENT ALLOWAN	535,223	0.00	535,223	0.00	535,223	0.00	535,223	0.00
HEALTH INITIATIVES	334,687	0.00	353,437	0.00	353,437	0.00	353,437	0.00
TOTAL - PD	27,492,619	0.00	30,234,819	0.00	30,084,821	0.00	30,084,821	0.00
TOTAL	27,732,719	0.00	30,234,821	0.00	30,234,821	0.00	30,234,821	0.00
Pharmacy PMPM Increase - 1886015								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	925,105	0.00	925,105	0.00
TOTAL - PD	0	0.00	0	0.00	925,105	0.00	925,105	0.00
TOTAL	0	0.00	0	0.00	925,105	0.00	925,105	0.00
Ambulance Rate Increase - 1886008								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	348,044	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	348,044	0.00	0	0.00
TOTAL	0	0.00	0	0.00	348,044	0.00	0	0.00
Audiology Rate Increase - 1886037								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,199	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,199	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,199	0.00	0	0.00

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FY10 Department of Social Services Report #9

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
Dental Rate Increase - 1886038								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	147,300	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	147,300	0.00	0	0.00
TOTAL	0	0.00	0	0.00	147,300	0.00	0	0.00
Durable Med Equipment Rate Inc - 1886039								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	13,143	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,143	0.00	0	0.00
TOTAL	0	0.00	0	0.00	13,143	0.00	0	0.00
Optical Rate Increase - 1886040								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	101,100	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	101,100	0.00	0	0.00
TOTAL	0	0.00	0	0.00	101,100	0.00	0	0.00
Therapies Rehab Ctr Rate Inc - 1886041								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	918	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	918	0.00	0	0.00
TOTAL	0	0.00	0	0.00	918	0.00	0	0.00
Physician-Related Svc Rate Inc - 1886042								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,731,014	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,731,014	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,731,014	0.00	0	0.00
GRAND TOTAL	\$27,732,719	0.00	\$30,234,821	0.00	\$33,503,644	0.00	\$31,159,926	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: State Medical Services

Budget Unit: 90585C

1. CORE FINANCIAL SUMMARY

	FY 2010 Budget Request			
	GR	Federal	Other	Total
PS				
EE	150,000			150,000
PSD	29,196,161		888,660	30,084,821
TRF				
Total	29,346,161		888,660	30,234,821

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiative Fund (HIF) (0275)
Pharmacy Reimbursement Allowance Fund (0144)

	FY 2010 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	150,000			150,000
PSD	29,196,161		888,660	30,084,821
TRF				
Total	29,346,161		888,660	30,234,821

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiative Fund (HIF) (0275)
Pharmacy Reimbursement Allowance Fund (0144)

2. CORE DESCRIPTION

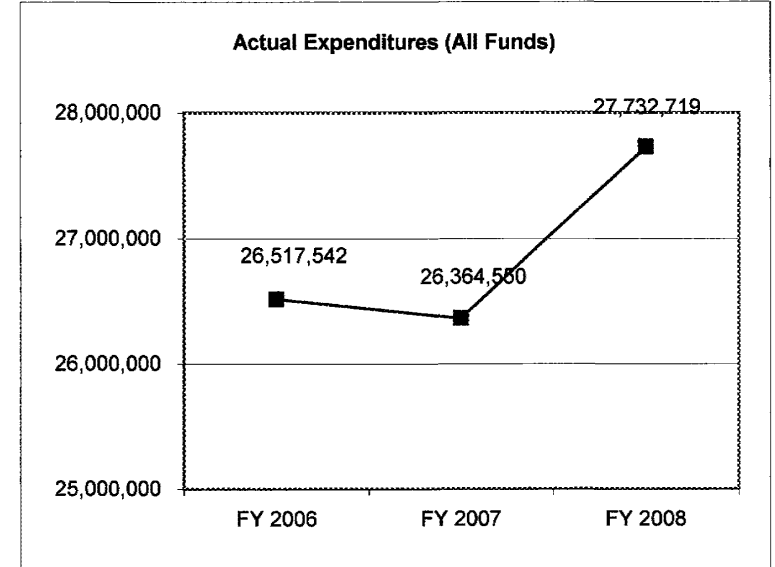
This core request is for the continued funding of the fee-for-service programs for the State Medical participants. Funding is necessary to provide health care services to this population.

3. PROGRAM LISTING (list programs included in this core funding)

State Medical Services

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	26,528,145	26,375,153	27,732,719	30,234,821
Less Reverted (All Funds)	(10,603)	(10,603)		N/A
Budget Authority (All Funds)	26,517,542	26,364,550	27,732,719	N/A
Actual Expenditures (All Funds)	26,517,542	26,364,550	27,732,719	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0		N/A
Federal	0	0		N/A
Other	0	0		N/A
	(1)	(2)	(3)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

- (1) Expenditures of \$1,438,464 were paid from the Supplemental Pool. SB 539 eliminated the General Relief program.
- (2) Expenditures of \$43,447 were paid from the Supplemental Pool.
- (3) Expenditures of \$302,027 were paid from the Supplemental Pool.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

STATE MEDICAL

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	2	0	0	2	
		PD	0.00	29,346,159	0	888,660	30,234,819	
		Total	0.00	29,346,161	0	888,660	30,234,821	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	392 6382	EE	0.00	149,998	0	0	149,998	
Core Reallocation	392 6382	PD	0.00	(149,998)	0	0	(149,998)	
NET DEPARTMENT CHANGES			0.00	0	0	0	0	
DEPARTMENT CORE REQUEST								
		EE	0.00	150,000	0	0	150,000	
		PD	0.00	29,196,161	0	888,660	30,084,821	
		Total	0.00	29,346,161	0	888,660	30,234,821	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	150,000	0	0	150,000	
		PD	0.00	29,196,161	0	888,660	30,084,821	
		Total	0.00	29,346,161	0	888,660	30,234,821	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
STATE MEDICAL								
CORE								
PROFESSIONAL SERVICES	240,100	0.00	2	0.00	150,000	0.00	150,000	0.00
TOTAL - EE	240,100	0.00	2	0.00	150,000	0.00	150,000	0.00
PROGRAM DISTRIBUTIONS	27,492,619	0.00	30,234,819	0.00	30,084,821	0.00	30,084,821	0.00
TOTAL - PD	27,492,619	0.00	30,234,819	0.00	30,084,821	0.00	30,084,821	0.00
GRAND TOTAL	\$27,732,719	0.00	\$30,234,821	0.00	\$30,234,821	0.00	\$30,234,821	0.00
GENERAL REVENUE	\$26,844,059	0.00	\$29,346,161	0.00	\$29,346,161	0.00	\$29,346,161	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$888,660	0.00	\$888,660	0.00	\$888,660	0.00	\$888,660	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: State Medical

Program is found in the following core budget(s): State Medical

1. What does this program do?

PROGRAM SYNOPSIS: Provides payment for services for State Medical participants. State Medical participants are individuals who do not meet categorical criteria for Title XIX.

The State Medical program, funded solely by state funds, provides health care services for individuals who do not meet categorical eligibility criteria for Title XIX. State Medical participants are in one of four categories of eligibility: Child Welfare Services (CWS); Blind Pension (BP); Presumptive Eligibility for Pregnant Women; or medical care for youth in the custody of the Division of Youth Services (DYS-GR). The unique aspect of the State Medical appropriation is that payments are made for certain eligibility groups only, but for nearly all the same services which are reimbursed for Title XIX eligibles.

All Medical Assistance programs which are available through the Title XIX program are also available through the State Medical program with the exception of the following: Buy-In, HIPP, transplant and NEMT.

Child Welfare Services (CWS) - These eligibles are children who are in the legal care and custody of the Children's Division and have been placed in foster care, but are not eligible for MAF - Foster Care MO HealthNet payments (not eligible for federal Title IV-E through the Children's Division). These children are identified as Homeless, Dependent, and Neglected (HDN), but due to income standards are not eligible for federal Title XIX medical assistance.

Blind Pension (BP) - The Blind Pension program was established in 1921 and is financed entirely by state funds. This program provides assistance for blind persons who do not qualify under the supplemental aid to the blind law and who are not eligible for Supplemental Security Income (SSI) benefits. Each participant receives a monthly cash grant (Family Support Division appropriation) and State Medical assistance. In order to qualify for the BP program, a person must meet all of the following eligibility requirements: 18 years of age or older; living in the state; has not given away, sold or transferred real or personal property worth more than \$20,000; is of good moral character; has no sighted spouse living in Missouri who can provide support; does not publicly solicit alms; is determined blind as defined by RSMo. 290.040; is found to be ineligible for Supplemental Aid to the Blind; is willing to have medical treatment or an operation to cure blindness (unless he/she is 75 years of age or older); is not a resident of a public, private, or endowed institution except a public medical institution; and is found ineligible to receive federal Supplemental Security Income (SSI) benefits.

Presumptive Eligibility for Pregnant Women - This is a temporary eligibility program that covers services provided to pregnant women while they wait for formal determination of MO HealthNet eligibility. The participant is State Medical eligible from the time of eligibility rejection to the end of the temporary eligibility period. These participants may receive ambulatory prenatal care to include the following services: physician/clinic, nurse midwife, diagnostic lab and x-ray, pharmacy, and outpatient hospital services.

Division of Youth Services - General Revenue (DYS-GR) - This program covers youth in the legal custody of the Division of Youth Services (DYS) who reside in facilities of 25 beds or more (and thus cannot qualify for MO HealthNet coverage since they reside in an institutional setting). Every youth that is committed to DYS is originally set up in this category for medical coverage. When the residential setting is determined, if the commitment is to a facility of 25 beds or more, then the child remains eligible for DYS-GR. Otherwise, eligibility is established for Title XIX Medicaid for those children committed to facilities with less than 25 beds. Children placed in a not-for-profit residential group facility (RGF) by a juvenile court are MO HealthNet eligible during their term of placement. Children who are placed in such homes by their parent(s), and who are already eligible for MO HealthNet coverage, will continue to receive MO HealthNet benefits while in the group.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.151, 208.152, 191.831

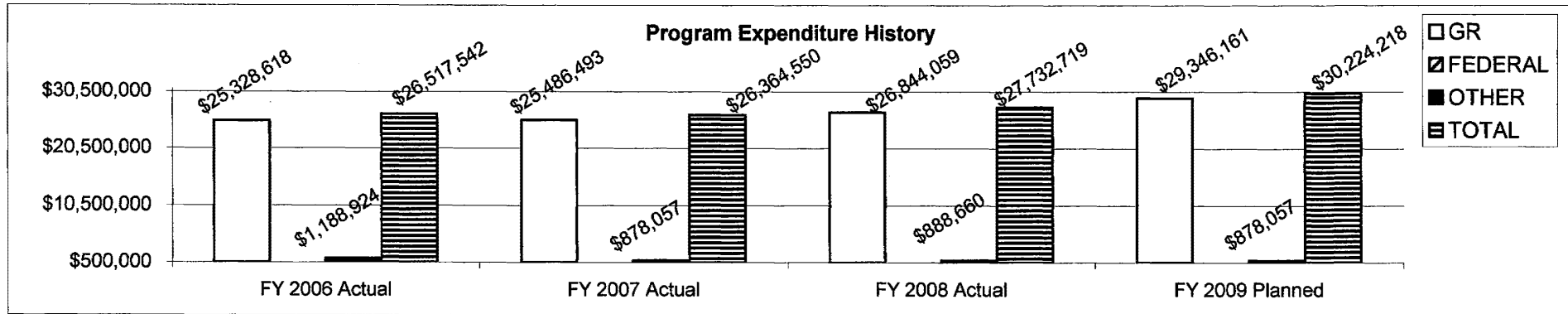
3. Are there federal matching requirements? If yes, please explain.

No

4. Is this a federally mandated program? If yes, please explain.

No

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Health Initiatives Fund (0275) and Pharmacy Federal Reimbursement Allowance Fund (0144).

7a. Provide an effectiveness measure.

This appropriation represents a group of eligibles and not one program. Effectiveness measures affecting the State Medical appropriation are incorporated into fee-for-service program sections.

7b. Provide an efficiency measure.

This appropriation represents a group of eligibles and not one program. Efficiency measures affecting the State Medical appropriation are incorporated into fee-for-service program sections.

7c. Provide the number of clients/individuals served, if applicable.

State Medical Recipients by Category								
SFY	Child Welfare Services		Blind Pension		PE For Pregnant Women		DYS - GR	
	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected
2006	610	745	2,898	3,143	1,758	1,580	383	510
2007	641	610	2,922	2,940	1,856	1,952	439	383
2008	691	641	2,911	2,940	1,875	1,952	364	439
2009		641		2,940		1,952		439
2010		641		2,940		1,952		439
2011		641		2,940		1,952		439

7d. Provide a customer satisfaction measure, if available.

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DECISION ITEM SUMMARY

Budget Unit

Decision Item	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HLTHNET SUPP POOL								
CORE								
EXPENSE & EQUIPMENT								
TITLE XIX-FEDERAL AND OTHER	0	0.00	150,000	0.00	150,000	0.00	150,000	0.00
THIRD PARTY LIABILITY COLLECT	6,900	0.00	150,000	0.00	150,000	0.00	150,000	0.00
TOTAL - EE	6,900	0.00	300,000	0.00	300,000	0.00	300,000	0.00
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	23,903,655	0.00	23,957,486	0.00	23,957,486	0.00	23,957,486	0.00
UNCOMPENSATED CARE FUND	0	0.00	1	0.00	1	0.00	1	0.00
PHARMACY REBATES	0	0.00	1	0.00	0	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	7,238,506	0.00	7,421,156	0.00	7,421,156	0.00	7,421,156	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	1	0.00	1	0.00	1	0.00
NURSING FACILITY FED REIM ALLW	0	0.00	181,500	0.00	181,500	0.00	181,500	0.00
PREMIUM	3,837,940	0.00	3,837,940	0.00	3,837,940	0.00	3,837,940	0.00
TOTAL - PD	34,980,101	0.00	35,398,085	0.00	35,398,084	0.00	35,398,084	0.00
TOTAL	34,987,001	0.00	35,698,085	0.00	35,698,084	0.00	35,698,084	0.00
GRAND TOTAL	\$34,987,001	0.00	\$35,698,085	0.00	\$35,698,084	0.00	\$35,698,084	0.00

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CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Supplemental Pool

Budget Unit: 90582C

1. CORE FINANCIAL SUMMARY

FY 2010 Budget Request				
	GR	Federal	Other	Total
PS				
EE		150,000	150,000	300,000
PSD		23,957,486	11,440,598	35,398,084 E
TRF				
Total		24,107,486	11,590,598	35,698,084 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Premium Fund (0885)
Third Party Liability Collections (TPL) (0120)
Uncompensated Care Fund (UCF) (0108)
Federal Reimbursement Allowance (FRA) Fund (0142)
Nursing Facility Federal Reimbursement Allowance (NFRA) (0196)

Note: An "E" is requested for Federal Fund, Uncompensated Care Fund and Federal Reimbursement Fund.

FY 2010 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE		150,000	150,000	300,000
PSD		23,957,486	11,440,598	35,398,084 E
TRF				
Total		24,107,486	11,590,598	35,698,084 E
FTE				0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Premium Fund (0885)
Third Party Liability Collections (TPL) (0120)
Uncompensated Care Fund (UCF) (0108)
Federal Reimbursement Allowance (FRA) Fund (0142)
Nursing Facility Federal Reimbursement Allowance (NFRA) (0196)

Note: An "E" is requested for Federal Fund, Uncompensated Care Fund, Third Party Liability, Premium Fund, Federal Reimbursement Fund, and Nursing Facility Federal Reimbursement Allowance

2. CORE DESCRIPTION

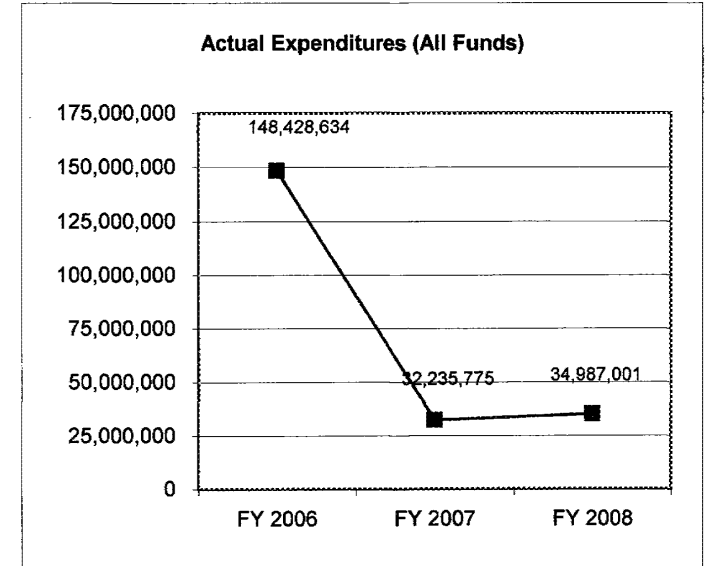
This core request is for the continued funding of the Mo HealthNet Supplemental Pool. The Supplemental Pool is needed to enable the division to respond to unanticipated changes in the cost of providing health care to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Supports MO HealthNet Program

4. FINANCIAL HISTORY

	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Current Yr.
Appropriation (All Funds)	148,640,304	35,698,085	37,121,857	35,698,085
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	148,640,304	35,698,085	37,121,857	N/A
Actual Expenditures (All Funds)	148,428,634	32,235,775	34,987,001	N/A
Unexpended (All Funds)	211,670	3,462,310	2,134,856	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	211,670	711,247	1,302,885	N/A
Other	0	2,751,063	831,971	N/A
		(1)	(2)	



Reverted includes Governor's standard 3 percent reserve (when applicable) and any extraordinary withholdings.

NOTES:

(1) Excess Premium Fund authority of \$2,125,238.

(2) Agency reserve of \$324,718 in UCF and \$1,099,054 in Federal Funds.

4. FINANCIAL HISTORY

Supplemental Pool Payments By Services

	FY 2006	FY 2007	FY 2008
Pharmacy	\$408	\$0	\$0
Physician	\$25,754,526	\$139,636	\$0
Dental	\$13,229,886	\$1,149,629	\$3,700,340
Premium Payments	\$0	\$0	\$0
Home & Community Based Services	\$0	\$0	\$0
Nursing Facilities	\$30,673,390	\$0	\$0
Telephone Reassurance	\$1,372	\$0	\$0
Rehab & Specialty Services	\$28,199,730	\$3,017,949	\$0
Non-Emergency Medical Transportation	\$0	\$0	\$0
Managed Care	\$0	\$0	\$0
Hospital Care	\$46,150,882	\$27,848,015	\$29,831,043
1115 Waiver - Adults	\$0	\$0	\$577,544
1115 Waiver - Children	\$0	\$0	\$0
DESE Services	\$0	\$37,099	\$0
State Medical	\$1,424,214	\$43,447	\$302,027
Pharmacy Enhancement Admin	\$1,006,865	\$0	\$0
In-Home Care (DHSS)	\$0	\$0	\$569,147
Other Misc	\$14,663	\$0	\$6,900
Alternative Care Transport	\$2,707	\$0	\$0
Prior Authorization Psych Services	\$241,759	\$0	\$0
MO Rx Contract Services	\$72,553	\$0	\$0
Medicals	\$1,655,679	\$0	\$0
Total	\$148,428,634	\$32,235,775	\$34,987,001

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

MO HLTHNET SUPP POOL

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	EE		0.00	0	150,000	150,000	300,000	
	PD		0.00	0	23,957,486	11,440,599	35,398,085	
	Total		0.00	0	24,107,486	11,590,599	35,698,085	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1098 0798	PD	0.00	0	0	(1)	(1)	Pharmacy rebates authority
NET DEPARTMENT CHANGES			0.00	0	0	(1)	(1)	
DEPARTMENT CORE REQUEST								
	EE		0.00	0	150,000	150,000	300,000	
	PD		0.00	0	23,957,486	11,440,598	35,398,084	
	Total		0.00	0	24,107,486	11,590,598	35,698,084	
GOVERNOR'S RECOMMENDED CORE								
	EE		0.00	0	150,000	150,000	300,000	
	PD		0.00	0	23,957,486	11,440,598	35,398,084	
	Total		0.00	0	24,107,486	11,590,598	35,698,084	

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DECISION ITEM DETAIL

Budget Unit	FY 2008	FY 2008	FY 2009	FY 2009	FY 2010	FY 2010	FY 2010	FY 2010
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MO HLTHNET SUPP POOL								
CORE								
PROFESSIONAL SERVICES	6,900	0.00	300,000	0.00	300,000	0.00	300,000	0.00
TOTAL - EE	6,900	0.00	300,000	0.00	300,000	0.00	300,000	0.00
PROGRAM DISTRIBUTIONS	34,980,101	0.00	35,398,085	0.00	35,398,084	0.00	35,398,084	0.00
TOTAL - PD	34,980,101	0.00	35,398,085	0.00	35,398,084	0.00	35,398,084	0.00
GRAND TOTAL	\$34,987,001	0.00	\$35,698,085	0.00	\$35,698,084	0.00	\$35,698,084	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$23,903,655	0.00	\$24,107,486	0.00	\$24,107,486	0.00	\$24,107,486	0.00
OTHER FUNDS	\$11,083,346	0.00	\$11,590,599	0.00	\$11,590,598	0.00	\$11,590,598	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MO HealthNet Supplemental Pool

Program is found in the following core budget(s): MO HealthNet Supplemental Pool

1. What does this program do?

PROGRAM SYNOPSIS: Provides funding for the division to respond to unanticipated changes in the cost of providing health care to MO HealthNet participants.

The MO HealthNet Supplemental Pool Section was the result of rapidly expanding MO HealthNet participants and unpredictability of resulting costs. Substantial supplemental budget requests in successive years prompted the Missouri state legislature to appropriate funding for unanticipated MO HealthNet expenditures. Typically, the supplemental pool has been utilized by the legislature to appropriate funding under certain unique circumstances. These include funding for major one-time program expenditures, such as residual claims, and funding to be made available for unanticipated fee-for-service and/or managed care expenditures.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

The legal authority for the Supplemental Pool is the authority associated with each MO HealthNet program. See each program description for the specific federal and state authority.

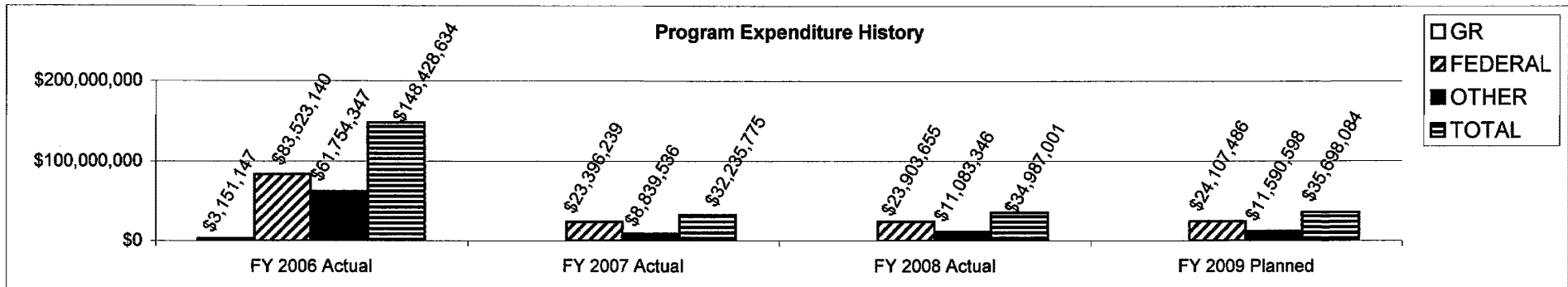
3. Are there federal matching requirements? If yes, please explain.

The federal matching requirements for the MO HealthNet Supplemental Pool are the requirements associated with any of the HealthNet programs paid from the supplemental pool. See each program description for specific federal matching requirements.

4. Is this a federally mandated program? If yes, please explain.

The MO HealthNet Supplemental Pool supports both mandated and non-mandated programs. See each program description for specifics.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Third Party Liability Collections Fund (0120), Premium Fund (0885), Nursing Facility Federal Reimbursement Allowance Fund (0196), Uncompensated Care Fund (0108), Pharmacy Rebates Fund (0114) and Federal Reimbursement Allowance Fund (0142).

7a. Provide an effectiveness measure.

This appropriation represents a group of eligibles and not one program. Effectiveness measures affecting the MO HealthNet Supplemental Pool appropriation are incorporated into fee-for-service program sections.

7b. Provide an efficiency measure.

This appropriation represents a group of eligibles and not one program. Efficiency measures affecting the MO HealthNet Supplemental Pool appropriation are incorporated into fee-for-service program sections.

7c. Provide the number of clients/individuals served, if applicable.

Supplemental Pool Expenditures		
SFY	Actual	Projected
2006	\$148.4 mil	\$35.7 mil
2007	\$32.2 mil	\$35.7 mil
2008	\$35.0 mil	\$35.7 mil
2009		\$35.7 mil
2010		\$35.7 mil
2011		\$35.7 mil

7d. Provide a customer satisfaction measure, if available.

